

If this request for waiver is approved, I understand and agree to the following:

- a. That transportation will only be provided if a bus is currently routed through the area in which alternate pickup is requested.
- b. My child will be riding on a space available basis.
- c. Additional space required students who register for the bus my child is riding may displace my child if there no other space available seats.
- d. Transporting my child will be at no additional cost to the government.
- e. PACTMO periodically surveys authorized ridership on bus routes which could result in consolidating buses, reducing the number of space A seats available.

Requester's Printed Name _____

Signature _____

OFFICE USE ONLY:

BUS ROUTE _____ BUS SIZE _____
NUMBER OF AVAILABLE SPACE A SEATS _____

RECOMMENDATION:

DISTRICT TRANSPORTATION OFFICER