

**FENTON AREA PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT
3200 Donaldson Dr.
Fenton, MI 48430
810-591-8911 or 591-8908
FAX NO. 810-591-8905**

DAYCARE ALTERNATE DESTINATION FORM

Student Name: _____

Home Address: _____ City/Zip Code _____

Phone: _____ Grade: _____

School _____ Latchkey/KinderCare School _____

Alternate Location

Name: _____

Address: _____

Phone No: _____ Emergency Phone No: _____

A.M. PICK-UP ADDRESS: _____

P.M. DROP OFF ADDRESS: _____

Parent's Signature _____ Date: _____

If changes occur please fill out a new Alternate Destination Form and return or fax to the Fenton Transportation Building for approval.

Please allow a minimum of 48 hours for change to take effect.

These changes are valid only for the current school year.

DO NOT WRITE BELOW THIS LINE-OFFICE USE ONLY

AM BUS ROUTE: _____

PM BUS ROUTE: _____

APPROVED BY: _____ DATE: _____