

**Stahlke Bus Service, Inc.**

PO Box 92

5280 County Line Road

Delano, MN 55328

Phone: 763-972-3991

Fax: 763-972-3757

Email: info@stahlkebus.com

**ALTERNATE DESTINATION PERMISSION FORM**

Each student may have 1 pick-up and 1 drop off location M-F.

**STUDENT NAME** \_\_\_\_\_

**HOME ADDRESS** \_\_\_\_\_

**SCHOOL ATTENDING** \_\_\_\_\_ **GRADE** \_\_\_\_\_ **DAYCARE START DATE:** \_\_\_\_\_

I hereby authorize and direct Stahlke Bus Service, Inc. and Independent School District No. 879 and their agents to pick up/deliver the student named below to:

	<b>Home</b>	<b>Tiger Kids Club</b>	<b>Big Woods Daycare</b>	<b>Other Daycare Address</b>
<b>Before School Pick Up</b>				<b>Name:</b> <b>Address:</b> <b>Phone:</b>
<b>After School Drop off</b>				<b>Name:</b> <b>Address:</b> <b>Phone:</b>

**SIGN HERE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**MOTHER/GUARDIAN WORK PHONE:** (\_\_\_\_) \_\_\_\_\_ **CELL:** (\_\_\_\_) \_\_\_\_\_

**FATHER/GUARDIAN WORK PHONE:** (\_\_\_\_) \_\_\_\_\_ **CELL:** (\_\_\_\_) \_\_\_\_\_

**THIS FORM MUST BE COMPLETELY FILLED OUT AND SIGNED OR THE STUDENT WILL NOT BE DELIVERED TO HIS/HER ALTERNATE DESTINATION.**