



**WAVERLY**  
COMMUNITY SCHOOLS  
Pride. Tradition. Excellence.

**TRANSPORTATION DEPARTMENT**

3809 W. St. Joseph • Lansing, MI 48917 • Tel: 517.321.1088 • Fax: 517.482.9561

**Request for Special Permission to Participate in Transportation**  
for pupils residing outside the Waverly School District or for pupils residing In District  
needing transportation from an address other than their home address.  
**2026-2027**

The following application is to be completed for an In-District or Out-of-District pupil who is **requesting** school bus transportation, but who is not eligible to ride because their residence is outside the attendance area of the school to which the pupil is enrolled. Such requests may be considered if: (1) THERE IS LEGAL RATED CAPACITY on the assigned school bus, and; (2) THE PARENT/LEGAL GUARDIAN ACCEPTS STUDENT ASSIGNMENT TO A CURRENT EXISTING BUS STOP within the District/school specific boundary. At the beginning of the school year, the decision to approve or deny this request will be made **after the third full week** of school. School bus transportation will not be provided prior to approval of this request, and the parent/legal guardian is notified.

Student Name: \_\_\_\_\_  
Home Address: \_\_\_\_\_ City: \_\_\_\_\_, MI Zip: \_\_\_\_\_  
Home or Mobile Phone: (\_\_\_\_) \_\_\_\_\_ Parent Email address: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade Level: \_\_\_\_\_

*Check appropriate box:*  Before School Only  After School Only  **Both**, Before and After School

Requesting transportation **from** (*before school*) address: \_\_\_\_\_  
*Please circle days of the week: (ALL or M – T – W – H – F)*

Requesting transportation **to** (*after school*) address: \_\_\_\_\_  
*Please circle days of the week: (ALL or M – T – W – H – F)*

Parents and students are informed that school bus transportation is a courtesy and a privilege for students. If approved, transportation will begin within three (3) days after approval. It is understood that if legal rated capacity on the assigned bus no longer exists or if the assigned bus stop is removed, this Request for Special Permission to Participate in Transportation shall automatically terminate. **This request for special permission is valid for the current school year only and expires at the end of the 2025-26 school year.**

Parent/Legal Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Sign after you have read entire form. Any questions please call Transportation Dept.)

– Transportation Department Use ONLY –

Student ID: \_\_\_\_\_  Received: \_\_\_\_\_  Approved, effective: \_\_\_\_\_  Denied, effective: \_\_\_\_\_  
Criteria for decision: \_\_\_\_\_

Authorizing Signature: \_\_\_\_\_  
Supervisor of Transportation

	Bus #:	Bus Stop:	Time:
Before school			
After school			

Time that you may know if your student is able to ride will be count week (first week oct)