SIERRA UNIFIED
SCHOOL DISTRICT

Hardship Waiver Application

A parent/guardian may request a Hardship Waiver of the three-day notice requirement to change an assigned bus stop. In doing so, the parent accepts responsibility to supervise and transport the student to or from the bus stop. This includes the responsibility to make alternate arrangements for meeting and supervising the student at the requested bus stop, when the bus is delayed or when the parent cannot be present at the time the student is delivered to the bus stop.

"Hardship" implies an adverse or compelling circumstance or a state of misfortune unique to that student's life or a family's living situation. Preferential treatment will be provided to children who have a court-ordered change in custody, or the serious illness, injury or death of a custodial parent. A waiver will be granted on a case-by-case basis.

Briefly describe reason for request:

A waiver can be rescinded for the following reasons:

1. Seating on the bus is required for normally assigned eligible students.
2. The existing bus stop is eliminated due to safety concerns or non-compliance with state law.
3. Student conduct on the bus becomes unsatisfactory or jeopardizes the safety of himself/herself.
4. Falsifying information on a waiver application or abuse of waiver privileges.

Student Information (Please Print)

Student _____ Grade _____ DOB _____ Gender _____
First Last Middle

Currently assigned A.M. route_____ P.M. route_____ Bus Stop Location: _____

Change requested: My child will ride P.M. route _____ to bus stop location: _____
(Check as indicated) Daily _____ M_____ T_____W_____ T_____F_____

Change requested: My child will ride P.M. route _____ to bus stop location: _____
(Check as indicated) Daily _____ M_____ T_____W_____ T_____F_____

Change requested: My child will ride P.M. route _____ to bus stop location: _____
(Check as indicated) Daily _____ M_____ T_____W_____ T_____F_____

Parent/Guardian's Name: _____ Name: _____

Physical Address: _____

Primary Contact Number: _____Secondary Contact Number: _____

Parent Signature: _____ Date: _____

All justified requests for a waiver shall be approved by the School Principal. Staff members will review each request received to determine if seating is available, A decision will be made based on the information provided in the application and any additional documentation. If the application is denied, a parent may within 10 days request an appeal in writing to the School Principal.

For Office Use Only:

Approved_____ Denied_____

Signature of School Principal