

# **GMA<sup>+</sup> General McLane School District**

*www.generalmcclane.org*

## **Request for Variation from Home Pick-up or Drop-off**

**Date of Request:** \_\_\_\_\_

**Parent Name:** \_\_\_\_\_ **Day phone contact:** \_\_\_\_\_

**Primary Home Address:**

\_\_\_\_\_  
\_\_\_\_\_

<b>Child's Name</b>	<b>Morning pick up location (please provide name, address and phone or simply write HOME for address above)</b>	<b>Afternoon drop off location (please provide name, address and phone or simply write HOME for address above)</b>
ELEMENTARY AGE CHILDREN:		
MIDDLE SCHOOL AGE CHILDREN:		
HIGH SCHOOL AGE CHILDREN:		

**Special note: If you will be transporting your child and will not need bus transportation at any time, please check this box: [ ]**

\_\_\_\_\_  
**Signature:** \_\_\_\_\_ **Phone contact:** \_\_\_\_\_

\_\_\_\_\_  
**Parent**

\_\_\_\_\_  
**Date**