

**Special Request for Variation from Home Pick-up or Drop-off  
For children whose parents both live in the district at different locations**

**Date of Request:** \_\_\_\_\_  
**Person completing this request:** \_\_\_\_\_ **Day phone contact:** \_\_\_\_\_  
**Mother's Home Address for:**

**Name:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Father's Home Address for:**

**Name:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Child(ren):** \_\_\_\_\_ **Grade(s)** \_\_\_\_\_

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

(make additional copies of this form if necessary to include all children/situations)

	AM Pick Up (please provide name, address and phone or simply write MOTHER OR FATHER for home address above)	PM Drop off (please provide name, address and phone or simply write MOTHER OR FATHER for home address above)
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		

**Please check one:**

- The school has a current custody agreement on file.
- The custody agreement is enclosed to confirm these requests.
- There is no custody agreement in place, so both parents have signed consent to these arrangements.

**Mother's Name (Print):** \_\_\_\_\_ **Father's Name (Print):** \_\_\_\_\_

**Mother's Signature:** \_\_\_\_\_ **Father's Signature (Print):** \_\_\_\_\_