

# myBus



Get student bus route  
information online!

User Name = student ID

Use student birthdate  
(mmddyyyy) as password

myBus routes will be  
available after Aug.  
23. Check for updated  
information after you  
submit this form.

Questions?  
Call 503.844.1123



mybus.hsd.k12.or.us/  
Login.aspx?j=vms

**Hillsboro School District  
Transportation Center**  
1220 SW Walnut Street  
Hillsboro, OR 97123  
Tel: 503.844.1123  
Fax: 503.844.1138  
or 503.844.1139

## 2023-2024

### Alternate Pick-up and Drop-off Information



Pursuant to Hillsboro School District Policies and Procedures, transportation service may be granted to students to and from an alternate address other than their primary address. This courtesy service may be provided only if, in the sole judgment of the Hillsboro School District, no additional costs will be incurred and the following specific criteria are met:

- The alternative address is within the service area for the student's assigned school or program
- Service to the alternative address is to be provided on a fixed weekly schedule
- A seat is available on the bus route serving the alternative address
- A bus stop serving the alternative address already exists and is assigned to the bus route
- In addition to these criteria, transportation services may be provided to and from community partnership organization locations that are specifically approved by the District
- It is the parent's responsibility to notify the school when the change has been made.

Please complete this form if your student is to be picked up and/or dropped off at a location other than their home address on a **regular established schedule. All requests apply to the current school year only.**

Requests for multiple pick-up and drop-off locations that are not on a regular schedule cannot be accommodated. Students may not "choose" where to be picked up or dropped off. Requests for alternate week changes cannot be accommodated. Temporary changes (less than 1 month) must be in the form of a note to the school on the date of the requested change. Return this completed form to your school, or to the Transportation Center. If you have any questions, please call Transportation at 503.844.1123.

**CHANGES TO TRANSPORTATION MAY TAKE UP TO 5 DAYS TO COMPLETE.**

Check one: ☐ This is a **new** request ☐ This is a **change** from previous request  
☐ **Delete** previous request and use home address

Check if applicable: ☐ This is a **special needs student** request

Name: \_\_\_\_\_ Date: \_\_\_\_\_  
Last Name (please list all) First Name  
Student ID #: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_  
Home Address: \_\_\_\_\_  
School: \_\_\_\_\_  
Day Phone: \_\_\_\_\_  
Alternate Phone: \_\_\_\_\_  
Emergency Phone: \_\_\_\_\_

ALTERNATE PICK-UP Address: \_\_\_\_\_  
(MUST have house # AND street name) House # Street Name  
Days of Week to **PICK UP** (check all that apply)  
Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐  
Name of Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

ALTERNATE DROP-OFF Address: \_\_\_\_\_  
(MUST have house # AND street name) House # Street Name  
Days of Week to **DROP OFF** (check all that apply)  
Mon ☐ Tue ☐ Wed ☐ Thu ☐ Fri ☐  
Name of Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature

Date

Relationship to Student