

CHANGE OF TRANSPORTATION FORM

APPLICATION TO CHANGE DISTRICT PROVIDED SCHOOL BUS TRANSPORTATION
TO/FROM A PLACE OTHER THAN STUDENT'S LEGAL RESIDENCE

STUDENT'S NAME:

ADDRESS:

PARENT/GUARDIAN'S NAME:

HOME PHONE NUMBER: WORK PHONE NUMBER:

SCHOOL: GRADE/TEACHER:

PICK-UP POINT CHANGE REQUEST

PARENT/GUARDIAN/BABYSITTER NAME:

PICK-UP ADDRESS:

PICK-UP TELEPHONE NUMBER:

NAME OF PERSON RESPONSIBLE AT PICK-UP POINT:

RELATIONSHIP TO STUDENT: PARENT/GUARDIAN GRANDPARENT CHILDCARE PROVIDER OTHER

IF OTHER IS SELECTED, PLEASE EXPLAIN:

ONE TIME ONLY DATE: AS NEEDED MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

DROP-OFF POINT CHANGE REQUEST

PARENT/GUARDIAN/BABYSITTER NAME:

DROP-OFF ADDRESS:

DROP-OFF TELEPHONE NUMBER:

NAME OF PERSON RESPONSIBLE AT DROP-OFF POINT:

RELATIONSHIP TO STUDENT: PARENT/GUARDIAN GRANDPARENT CHILDCARE PROVIDER OTHER

IF OTHER IS SELECTED, PLEASE EXPLAIN:

ONE TIME ONLY DATE: AS NEEDED MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

I authorize school bus transportation to be provided for the above named student to the pick-up / drop-off point listed above, or to the regular bus stop closest to that point. I understand that it is my responsibility as parent/guardian to notify the school secretary/principal at least two (2) days in advance before any changes will be made. I further understand that a student will be picked up at only one location and/or dropped off at only one location during the course of a week of school. All requests are contingent upon space availability and/or safety concerns.

DATE: SIGNATURE: _____

FIRST STUDENT USE ONLY

_____ Approved as listed below _____ Denied for following reason: _____

Date Parent/Guardian Notified / How / By Whom _____

Route #: _____ Bus Pick-Up Point: _____ Time: _____

Route #: _____ Bus Drop-Off Point: _____ Time: _____