BHSD38 BELIEVING IN HIGHER STANDARDS
BIG HOLLOW SCHOOL DISTRICT 38

www.bighollow.us

Transportation Change Request Form 2019-2020 School Year

Please note: When a permanent change needs to be made, a REVISED information sheet must be completed and returned to the school office. **The change takes a minimum of 3 days to process.**

STUDENT INFORMATION (Please print): Effective Date:_____

Last Name First Name MI

Address Apt # City Zip Code

Home Phone Age Grade Birthdate Gender

Current AM Transportation Method:_____

Current PM Transportation Method:_____

Reason for change request:_____

Morning transportation each day **(check no more than TWO options and circle appropriate days)**:

☐ Student will be a car rider MON TUES WED THURS FRI

☐ Student will ride the bus to school from Home address MON TUES WED THURS FRI

☐ Student will ride the bus to school from Daycare Provider MON TUES WED THURS FRI

Daycare Provider's Name:_____

Address:_____ Phone #:_____

Afternoon transportation each day **(check no more than TWO options and circle appropriate days)**:

☐ Student will not be riding the bus/ I will pick up student from school MON TUES WED THURS FRI

☐ Student will ride the bus from School to Home address MON TUES WED THURS FRI

☐ Student will ride the bus from School to Daycare Provider MON TUES WED THURS FRI

Daycare Provider's Name:_____

Address:_____ Phone #:_____

Parent/Guardian Signature:_____ Date:_____

District Use Only:
New:_____ Revised:_____ Bus Number:_____
Date Received:_____ Bus Stop:_____ Transportation Start Date:_____ Date Parent Notified:_____