

**Transportation Change Request
Form 2020-2021 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):

- | | | | | | | |
|--------------------------|---|-----|------|-----|-------|-----|
| <input type="checkbox"/> | Student will be a car rider | MON | TUES | WED | THURS | FRI |
| <input type="checkbox"/> | Student will ride the bus to school from Home address | MON | TUES | WED | THURS | FRI |
| <input type="checkbox"/> | 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):

- | | | | | | | |
|--------------------------|--|-----|------|-----|-------|-----|
| <input type="checkbox"/> | Student will not be riding the bus/ I will pick up student from school | MON | TUES | WED | THURS | FRI |
| <input type="checkbox"/> | Student will ride the bus from School to Home address | MON | TUES | WED | THURS | FRI |
| <input type="checkbox"/> | 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: _____