

# 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: \_\_\_\_\_