

LEGAL OR EMERGENCY REQUEST FOR TRANSPORTATION CHANGE

STUDENT'S NAME _____ GRADE _____

GRADE _____

GRADE _____

GRADE _____

SCHOOL ATTENDED: _____

HOME ADDRESS: _____

BUS NUMBER ON WHICH STUDENTS PRESENTLY RIDE: _____

PRESENT MORNING PICK-UP POINT (ADDRESS): _____

PICK-UP POINT REQUESTED (ADDRESS): _____

PRESENT DROP-OFF POINT (ADDRESS): _____

DROP-OFF POINT REQUESTED (ADDRESS): _____

REASON FOR REQUESTING THE CHANGE: _____

IT SHOULD BE REMEMBERED THAT ALL AUTHORIZATION FOR CHANGES DEPEND UPON AVAILABLE SPACE. MOST BUSES ARE FILLED TO CAPACITY OR NEAR CAPACITY AND THUS THE REQUEST FOR CHANGES IN TRANSPORTATION WOULD HAVE TO BE DENIED.

I, THE STUDENT'S PARENT OR LEGAL GUARDIAN, REQUEST THE CHANGES AS MENTIONED ABOVE AND GIVE THE BUS COMPANY LEGAL PERMISSION TO ALTER THE REGULAR PICK-UP OR DROP-OFF POINT.

SIGNATURE _____ DATE _____
PARENT/GUARDIAN

NAME (Printed) _____

ADDRESS _____

_____ ZIP _____ PHONE NUMBER _____

EFFECTIVE DATE OF REQUEST: BEGINNING DATE _____ END DATE _____

FOR OFFICE USE ONLY

IF CHANGE INVOLVES A CHANGE OF BUSES:

BUS NUMBER FOR PICK-UP _____

BUS NUMBER FOR DROP-OFF _____

ADMINISTRATIVE ACTION TAKEN: APPROVED _____ DENIED _____

DATE: _____

DISTRICT ADMINISTRATOR