



**Transportation Change Request Form  
2016-2017 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):**

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: \_\_\_\_\_

Students may only select one option in each category (ONE option for **TRANSPORTATION TO SCHOOL** and ONE option for **TRANSPORTATION HOME FROM SCHOOL**). The transportation option selected must be consistent.

**Transportation TO SCHOOL FROM HOME 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 #: \_\_\_\_\_

**Transportation TO HOME FROM SCHOOL 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: \_\_\_\_\_