

**Transportation Change Request
Form 2023–2024 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 from the date received. The Transportation schedule must remain consistent weekly.** Please email completed form to Jackie Laske, jackielaske@bighollow.us

STUDENT INFORMATION (Please print):

Requested Start Date: _____

Last Name First Name MI

Address Apt # City Zip Code

Home Phone

Grade

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 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: _____