

PERMANENT BUS CHANGE FORM

48 Hour
Notice
Required

STUDENT NAME: _____

GRADE: _____

PARENT/GUARDIAN NAME: _____

CURRENT PICK-UP LOCATION: _____

PHONE NUMBER(S): _____

CURRENT DROP OFF LOCATION: _____

HOME: _____

CURRENT BUS #: _____

WORK: _____

REASON FOR CHANGE: _____

IF CHANGING DUE TO CHILD CARE PLEASE PROVIDE THE FOLLOWING:

NAME OF CARE TAKER: _____

CONTACT NUMBER: _____

PICK-UP/DROP-OFF OF PERMANENT CHANGE (PERMANENT CHANGE-LASTING 30 DAYS OR LONGER)

REMINDER THAT CHANGING THE PERMANENT STOP WILL NOT CHANGE ANY DELAY/EARLY DISMISSAL
THEY WILL NEED TO BE CHANGED SEPERATLY ON THE PROPER FORMS

PICK-UP LOCATION: _____

DROP-OFF LOCATION: _____

REQUESTED START DATE: _____

PLEASE LIST ANY OTHER INFORMATION THAT WILL ENABLE US TO ESTABLISH THE CLOSEST BUS STOP:

SIGNATURE OF PARENT OR GUARDIAN

DATE/TIME

DISTRICT USE ONLY:

STOP LOCATION: _____ DATE RECEIVED: _____

BUS NUMBER: _____ START DATE: _____

BUS STOP TIME: _____ STOP DATE: _____

APPROVED / DISAPPROVED: _____

SIGNATURE OF PRINCIPAL OR TRANSPORTATION COORDINATOR

PARENT/GUARDIAN CONTACTED: _____

NAME

DATE/TIME