



**Centerville City Schools
Temporary Transportation Change**

My student, _____ who attends _____ needs to **ride / walk**
(Child's name) (School name) (circle appropriately)

to school or home on Bus# _____ with _____ at _____
(circle appropriately) (Other child's name) (Location of Stop if riding bus)

My child needs to change his/her bus service because of _____
(i.e.- parent pick up, etc.)

This change is to be effective from _____ to _____
(Date(s) of change)

*** (Parent's Signature and **daytime phone number** – required to have request approved) ***

This form is to be used in the event your child needs to ride to school or home with another student on a different bus in case of an emergency. Centerville City Schools transports over 9,000 students with our primary goal being safety. It is very important both the transportation office and the school office receive your written request prior to the change. This written request is necessary to protect the children of our school district and to provide safe transportation to and from school.

This form can be mailed, emailed, or hand-delivered to the student's school of attendance.

We greatly appreciate your help in keeping our children safe.