

STUDENT TRANSPORTATION CHANGE REQUEST

Greensburg Salem School District

School		Grade	
Student Name			
Home Address			
Parent /Guardian Name(s)		Phone #	
Email Address		Cell#	

CURRENT TRANSPORTATION INFORMATION – How does your child currently get to/from school?			
AM Bus #		AM Bus Stop	
PM Bus #		PM Bus Stop	

I currently drive my child to/from school

ALTERNATE TRANSPORTATION REQUEST INFORMATION – What transportation changes are you requesting?			
Name of Caretaker or Care Facility		Day(s) <input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/> All	
Alternative Address		<input type="checkbox"/> AM ONLY	
		<input type="checkbox"/> PM ONLY	
Alternative Site Phone Number(s)		<input type="checkbox"/> AM & PM	
Notes/ Reason for change request			

TRANSPORTATION CHANGES TYPICALLY TAKE 4-5 DAYS		Today's Date	
Requested Start Date		End Date	

Signature _____
Parent or Guardian

Date _____

Administrative Use

Signature _____ Yes No
Building Principal

Date _____

Signature _____ Yes No
Transportation Office

Date _____

OFFICE USE ONLY				
Alternative Assignment	AM Bus #		Bus Stop	
	PM Bus #		Bus Stop	
Start Date				End Date

**Please PRINT and COMPLETE entire form before SUBMITTING to building Principal.
Parents and school building will be notified when alternate transportation may begin.**