

Request for Change in Transportation

Student Name: _____

Home Address: _____

Phone Number: _____

My child will not need transportation to school.

My child will not need transportation from school.

My child will always need to be picked up and dropped off at home. *(Address Above)*

Special Pickup / Drop-off Directions *(Other than above Directions)*

Pick Up - Name and address and on what days. *(select the days for pickup)*

M Tu W Th F

Drop-Off - Name and address and on what days. *(select the days for drop-off)*

M Tu W Th F

Parent Signature: _____

Date: _____

Please return the form to the Transportation Department.
Nathan Siegel (Transportation Director)
419-485-6720