



Student Transportation Change Form

Date: _____ **SY2023-2024**

Please "X" reason change: <input type="checkbox"/> Address <input type="checkbox"/> Activity <input type="checkbox"/> Midday <input type="checkbox"/> New Student <input type="checkbox"/> other _____			
Student:		Student ID #	
Home Address:		Zip:	
Parents:		Language Spoken by Parent:	
Telephones:	H: _____	W: _____	C: _____
School:		Program:	Grade:
<input type="checkbox"/> Monday - Friday <input type="checkbox"/> Days other: _____			
PreK student - Check One:			
<input type="checkbox"/> Full Day <input type="checkbox"/> Morning Session ONLY <input type="checkbox"/> Afternoon Session ONLY			
Pick Up Address :		Apartment #	
Drop Off Address:		Apartment #	
Childcare Provider (if applicable):		Telephone #	
Special Instructions: (specify)			
Change(s) requested by:			
<i>or if change request is taken by phone, completed by whom:</i> _____ Date: _____			
Principal Signature:		Date:	
<i>Office Use Only:</i>			
Route	Pick up	Route	Drop off

PLEASE NOTE - Completion steps:

- This form is to be completed to request the change of a students bus transportation plan.
- One form is required per student.
- Any request to add, change or modify the assignment of school bus transportation for a student must be submitted to the transportation office, from the students school and after approval by the school Principal.
- Once approved by the school Principal, please forward this form to the transportation office for review.

*Incomplete forms **WILL BE RETURNED** to school and **DELAYED IN PROCESSING**. Principals **MUST** approve in order to be processed!*

The Office of Pupil Transportation will require three to five business days to process the request.