

BUS STOP CHANGE FORM

TODAY'S DATE _____

PLEASE COMPLETE THIS FORM TO ARRANGE FOR TRANSPORTATION TO OR FROM AN ADDRESS DIFFERENT FROM YOUR HOME. TRANSPORTATION TO A PRIVATE DAY CARE CENTER IS PROVIDED ONLY IF LOCATION OF THE FACILITY IS LOCATED WITHIN THE ELEMENTARY BOUNDARY. THE PICK UP/DROP OFF LOCATION MUST BE AN ESTABLISHED SCHEDULE. RETURN THIS TO YOUR CHILD'S SCHOOL OR THE TRANSPORTATION DEPARTMENT.

Student Name _____

Home Address _____

Parent Name _____

Home/Cell Number _____ Emergency Number _____

School _____ Grade _____

If your child will be picked up or dropped off at a place other than home, please list below:

MORNING: (PLEASE CIRCLE WHICH DAYS APPLY) MON TUES WED THURS FRI

NAME OF PERSON OR DAYCARE FACILITY _____

ADDRESS _____

STARTING DATE FOR THIS LOCATION: _____

ENDING DATE FOR THIS LOCATION: _____

AFTER SCHOOL: (PLEASE CIRCLE WHICH DAYS APPLY) MON TUES WED THURS FRI

NAME OF PERSON OR DAYCARE FACILITY _____

ADDRESS _____

STARTING DATE FOR THIS LOCATION: _____

ENDING DATE FOR THIS LOCATION: _____