

Single Day Transportation Change Request Form



Dear Parent/Guardian,

This form, completed in its entirety, is due to the school office for any changes to your child's transportation for the date indicated. Time is needed to communicate changes to students, teachers, bus drivers, and office staff. This completed form is due to the main office of the school by these times:

- ✓ For changes that involve a **morning change** only: one day prior to the change
- ✓ For changes that involve a **morning and afternoon** change: one day prior to the change
- ✓ For changes that involve an **afternoon change** only: before 10:00am the day of the change

Parents are strongly encouraged to keep bus routes consistent to eliminate confusion, especially for our youngest students. To ensure the safety of your child, we will only accept this form for single day transportation changes – faxes, emails, phone calls, or hand written notes will not be accepted. Again, please only use this form for a SINGLE DAY change to your child's transportation schedule.



Do not complete this form if you need to make a permanent change.

If you need to make a permanent change to your child's transportation schedule, please complete the "**Permanent Change Form**." This form is available in the Main Office at each school or can be found on the [Transportation page](#) on the PCPS website. Any permanent changes due to a move must also have residency documentation updated within the school office. Permanent changes must be processed through PCPS Transportation Department and will take at least two (2) business day to change a student's current route on file.



Complete this form if today, tomorrow, or later this week, you need to change your child's bus route **FOR A SINGLE DAY**.

Turn in a form for each single day needing a change in bus route. To ensure the safety of your child, we will only accept this form for single day transportation changes – faxes, emails, phone calls, or hand written notes will not be accepted.

Single Day Transportation Change Information

(Please print clearly)

Date for requested SINGLE DAY change: _____ (mm/dd/yyyy) *Please complete one form per day of change.

Student's Name: _____ Teacher: _____ Grade: _____

Parent/Guardian Name: _____ Daytime Phone Number: _____

I am requesting a single day transportation change on the date indicated above for (check one):

Morning Only: _____

(must be turned in a day prior)

Afternoon Only: _____

(must be turned in before 10:00 the day of)

Both Morning & Afternoon: _____

(must be turned in a day prior)

This is the address for the single day transportation change request: _____

Note: Student will be dropped off or picked up at the nearest designated stop

This is the **Bus Route #** for the single day transportation request change: _____ (leave blank if not known)

Parent/Guardian Signature: _____

Date: _____ (mm/dd/yyyy)

For Office Use Only

Date Received _____ Initials

of Office Staff _____ Date

Bus Pass Written _____ Verified

by _____