

LOS LUNAS SCHOOLS TRANSPORTATION DEPARTMENT

FAX: 505-866-2487

TO: Transportation Department

FROM: _____

Subject: Change in Drop-Off or Pick-Up Form

When any changes need to be made for a student who currently is riding a school bus, the Parents shall request such a change in writing at least TWO (2) DAYS prior to the date of change. Please print the change in drop off form and fax it to us at 866-2487 or bring it to our office along with a copy of your driver's license or picture id. The form must have a parent/guardians signature on it and form must be complete. In order to change the location of a bus stop it must be within the same school district.

(We are not able to transport students who are out of district.)

Phone calls will NOT be accepted

Student Name: _____ School: _____ Grade: _____

Parent Names: _____ Phone #: _____ Cell: _____

Address: _____

Student current Bus # _____ Current Bus Stop: _____

Request permission to ride Bus # _____ at Bus Stop: _____

My child will be: Picked up: _____ Dropped off: _____ picked up AND dropped off: _____

Caretaker's Name: _____ Phone #: _____

Caretaker's Address: _____

Reason for Change: _____

Beginning Date requested: _____ Ending Date or School Year: _____

Parent's Signature: _____

Transportation Approval: _____ Date: _____