

**Long Term/Permanent**  
**Transportation Change Request Form**



Dear Parent/Guardian,



**Do not complete this form if you need to make a SINGLE DAY or SHORT TERM change less than 2 weeks.**

If you need to make a short term change please click on the "Single Day Transportation Change Request Form" Link on the [transportation page](#).



**Complete this form if you need to change your child's bus route or stop information on a LONG TERM or Permanent basis (more than 2 weeks).** Any permanent changes due to a move or change in residential address must also have residency documentation updated at your child's school office.

**Return this form to your child's school.**  
**Allow two (2) days for the office to process the change request.**

**MORNING(S):** At what address, will your child be getting on the bus before school?

**NOTE: Students will be picked up at the designated stop, nearest the address provided.**

Address: \_\_\_\_\_

Please check the appropriate box for the day or days of the week on which your child will be at the above address in the morning.

Mon – Friday or  Monday  Tuesday  Wednesday  Thursday  Friday

**AFTERNOON(S):** At what address, will your child be getting off the bus after school?

**NOTE: Students will be dropped off at the designated stop, nearest the address provided.**

Address: \_\_\_\_\_

Please check the appropriate box for the day or days of the week on which your child will be at the above address in the afternoon.

Mon – Friday or  Monday  Tuesday  Wednesday  Thursday  Friday

Child's Name \_\_\_\_\_ Grade: \_\_\_\_\_

Child's Home Address \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Effective Date \_\_\_\_\_

Please Print

*For Office Use Only*

Date Received \_\_\_\_\_ Initials  
of Office Staff \_\_\_\_\_ Date  
entered in system \_\_\_\_\_ Verified  
by \_\_\_\_\_