

TRANSPORTATION DEPARTMENT ADDITIONAL BUS ASSIGNMENT FORM

This form is required to be completed each school year when a bus stop change is requested or there is a change during the school year.

If you submit this form to the school, your request will be forwarded to the Transportation Department. Transportation will notify the parent(s) when request has been processed. Requests may take up to five working days to complete and all locations must be within the school's attendance area to receive bus transportation.

1. Check blocks which apply (may choose more than one option):

Change in pick up or drop off location

No bus service required (if students will not ride the bus, please complete sections 2 & 3)

2. Student Information

Student's Legal Name: (First) _____ (Last) _____

Parent/Legal Guardian's Full Name: _____

School: _____ Grade: _____ Date of Request: _____

Home Address: _____

Telephone: Home: _____ Cell: _____ Work: _____

3. No Transportation Required (Please Circle): AM Only PM Only AM & PM

4. Alternate Bus Stop Location:

Alternate Stop Name; i.e. Childcare Provider Name, Boys & Girls Club, FCCC, etc.; _____

Address: _____

Telephone: _____

Please CIRCLE: **Days:** **Daily** **Mon** **Tues** **Wed** **Thurs.** **Fri** **Varies**

Time: **AM & PM** **AM Only** **PM Only**

Parent's Signature: _____ Date: _____

TRANSPORTATION USE ONLY: **Regular Bus #** _____ **Time: AM** _____ **PM** _____

Alternate Bus # _____ **Time: AM** _____ **PM** _____

Regular Driver Notified: _____ Alternate Driver Notified: _____

Parent Notified: _____ School Notified: _____

Versatrans Updated: _____ Initial & Date: _____