

**PCCS TRANSPORTATION DEPARTMENT
SPLIT FAMILY TIME FORM**

Date: _____

School: _____

Please fill out this form completely. Complete one form for each school.

Students may not change bus stops without notification of approval from the Transportation Department.

Transportation will not be included for students who are granted a Parent Requested Assignment.

I hereby request permission and accept responsibility for my child(ren) listed below to be granted the following Transportation change.

PARENT/GUARDIAN: _____

STUDENT NAME: _____

STUDENT NAME: _____

REGISTERED ADDRESS: _____

PHONE NUMBER: _____

2nd PARENT/GUARDIAN: _____

ADDRESS: _____

PHONE NUMBER: _____

AM or PM

Circle one or both

Start Date: _____

PARENT SIGNATURE: _____

Both addresses must be within the same school attendance boundary as the registered address.

If your child should need to change back to the home stop, you must contact the Transportation Department (3) days prior to riding from the different stop.

This form is to be filled out for each school year.

**PLEASE FAX THIS FORM TO 734-416-3018 or
MAIL TO: 1024 S. MILL STREET, PLYMOUTH, MI 48170**

Office Use Only:

1st Address Bus #

2nd Address Bus #