Millburn C. C. School District 24

Request for Transportation Change



Instructions: Changes will only be accepted using this form, which can be brought to school or faxed to 847-356-9722. The requested address change must be within the Millburn School District boundaries in order for bus transportation to be provided. Once this form is received, the requested change will be made in three (3) school days. This request is subject to approval by the Transportation Department. ***Change is not in effect until you receive a confirmation email.***

Effective Date of Change:	Email:
Student's Name:	Grade:
Parent Name:	Phone:
Home Address:	

REASON FOR CHANGE:

❑ **MOVED TO:** _____

❑ **OTHER:** _____

Main Office Notified: Yes No Date of Change: _____

PICK UP AT:

❑ **HOME**

❑ **CHILD CARE PROVIDER**

❑ **NO BUS SERVICE NEEDED – student to be driven by parent or childcare provider**

*Name of Child Care Provider _____ Phone _____

Address _____

DROP OFF AT:

❑ **HOME**

❑ **CHILD CARE PROVIDER**

❑ **NO BUS SERVICE NEEDED - student to be picked up by parent or childcare provider.**

*Name of Child Care Provider _____ Phone _____

Address _____

Any childcare provider must be within the Millburn School District boundaries in order for bus transportation to be provided.

- ❖ I understand that my child will **not** be permitted to ride the bus at any time unless a form has been completed and kept on file with the Transportation Department.
- ❖ My child and I are aware of the bus regulations (which are found in the *Parent/Student Handbook*) as well as the disciplinary action for rule violations.

Parent/Guardian Signature: _____

Printed Name: Date:

FOR OFFICE USE ONLY Date Rec'd in Office _____ Home Bus Route #_____ Child Care Bus Route#_____

Distribution: [ ] TRANSPORTATION DEPARTMENT [ ] HOMEROOM TEACHER *Rev 2/15/2024*