



2026-2027 Transportation Modification Request

INCOMPLETE FORMS WILL NOT BE PROCESSED

GRADE: _____

*A new form must be completed each year to request alternate transportation.
Requests for changes other than custody agreements and childcare are not permitted.*

Student Full Name / ID #: _____ School: _____

Parent/Legal Guardian (Please Print): _____

Home Address: _____
City State Zip Code

ADDRESS CHANGES WILL NOT BE PROCESSED WITHOUT PROOF OF RESIDENCY

Home Phone: _____ Work Phone: _____ Cell Phone: _____

Parent/Guardian Email Address (Required): _____

Requested Bus Pickup Location (A.M.):

Home Address: _____

OR

Childcare Provider: _____

**PLEASE ONLY
SELECT ONE
OPTION IN
EACH BOX**

Requested Bus Drop Off Location (P.M.):

Home Address: _____

OR

Childcare Provider: _____

Name of Childcare Provider: _____

Date Pickup/Drop Off Requested to Begin: _____ Phone: _____

Address: _____
City State Zip Code

Childcare provider must be located in the same attendance area as the child's school to receive alternate transportation.

Childcare Director's Name (Printed): _____

Childcare Director's Signature (Required): _____

Childcare Director's Email (Required): _____

I hereby confirm that my child will be cared for by the above-named childcare provider beginning: _____

Parent/Guardian Signature (Required): _____ Date: _____

Return completed form to your child's school. Parent/Guardian will be notified by e-mail of their child's bus information, and/or additional details.

SCHOOL OFFICE STAFF TO FILL OUT THIS SECTION

KCCS _____ ILC _____

Requires Special Transportation Needs _____

Home Address Verified _____

Childcare Provider Lives in Feeder _____

If no, State Exception: _____ (I.E., Choice/Educational)

Childcare Provider Verification Received: _____ Placement: _____

Approved On: _____ By: _____

Upon completing school verification, keep original on file and send a copy to the CSD Transportation Office to be processed.