



Student Transportation Change Form

Date of submission: _____

SY 2026-2027

REASON FOR CHANGE

☐ New Student ☐ Alternative Pickup/Drop-off Location ☐ After School Activity
☐ Alternative Route/Bus Stop Location ☐ New/Updated Authorized Receivers ☐ Other: _____

STUDENT INFORMATION

Student Full Name: _____ Student District ID: _____
School Name: _____ Grade: _____
Primary Residence Street Address: _____ Zip Code: _____
Parent/Guardian Name(s): _____ Phone #: _____

ALTERNATIVE PICK-UP / DROP-OFF LOCATION

Select One: ☐ School Site ☐ Recreation Program Site ☐ Child Care Provider
☐ Other (Specify): _____
Name of Location/School/Program/Provider: _____
Street Address: _____ Zip Code: _____

TRANSPORTATION SCHEDULE

Transportation Needed For:
☐ Before School (AM Pickup) ☐ After School (PM Drop-off) ☐ Both Before & After School
Effective Days of the Week:
☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Daily (Mon-Fri)
Special Instructions: _____

ALTERNATIVE ROUTE / BUS STOP LOCATION

Requested Alternate Route #: _____ Bus Stop Location: _____

AUTHORIZED RECEIVER / GUARDIAN NAME(S)

*Note: For Pre-K, Kindergarten, Students with Specialized Transportation, please list three (3)

PLEASE NOTE THE FOLLOWING:

- Complete one form per student.
- Any requested change must be approved by the Principal or designee before submission to the Transportation office. Once approved by the Principal/Designee, the school will submit directly to the Transportation Office.
- Incomplete forms may delay processing.
- The Transportation Office will require **at least three school days to process the request.**

Office Use Only

Route #: _____ Bus Stop Location: _____ Approx. Arrival Time: _____