

COVINGTON COMMUNITY SCHOOL CORPORATION

TRANSPORTATION CHANGE OR ONE-TIME BUS RIDER REQUEST

IMPORTANT: Same-day requests are not available. Please allow 24-48 hours for the school office to review and process this request. A request is not approved until the parent/guardian is contacted by the school office.

1. REQUEST TYPE

☐ Permanent or ongoing bus pickup/drop-off change

☐ One-time bus rider ticket

2. STUDENT AND PARENT/GUARDIAN INFORMATION

Student name: _____ School: _____

Grade: _____ Teacher/Homeroom: _____

Parent/Guardian: _____ Primary phone: _____

Email: _____

3. REQUEST DETAILS

A. PERMANENT OR ONGOING PICKUP/DROP-OFF CHANGE

Requested start date: _____ Change requested: ☐ Morning ☐ Afternoon ☐ Both

Current pickup/drop-off address or approved stop:

Requested new pickup/drop-off address or approved stop:

Reason for request (optional):

CONSISTENT TRANSPORTATION SCHEDULES

For student safety, the district cannot accommodate transportation arrangements that change from day to day or week to week. Families who share custody or use two households may request a consistent, repeating schedule, such as Monday/Wednesday/Friday at one address and Tuesday/Thursday at another. Once approved, the schedule must remain consistent. Occasional changes must be submitted as a one-time bus rider request and are subject to approval and the 24-48 hour processing period.

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B. ONE-TIME BUS RIDER TICKET

Date requested: _____ Bus number, if known: _____

Student will ride: ☐ Home with another student ☐ To another approved bus stop

Name of student riding with, if applicable: _____

Requested drop-off address or approved stop:

Name of adult responsible at destination: _____

Destination adult phone number: _____

4. PARENT/GUARDIAN ACKNOWLEDGMENT

I understand that transportation changes and one-time bus rider tickets require school office approval. Submitting this form does not guarantee approval. Requests may be denied because of route limitations, bus capacity, safety concerns, incomplete information, or district transportation procedures. I understand that same-day requests will not be processed and that I should allow 24-48 hours for review. My child should continue using the current approved transportation plan until I receive approval or denial from the school office.

Parent/Guardian signature: _____ Date: _____

FOR SCHOOL OFFICE USE ONLY

Date received: _____ Time received: _____

☐ Approved ☐ Denied Effective/approved date: _____

Transportation staff notified by: _____ Date/Time: _____

Parent/Guardian notified by: _____ Date/Time: _____

Notes or reason for denial:

