

Long Term/Permanent
Transportation Change Request Form



Dear Parent/Guardian,



Do not complete this form if you need to make a SINGLE DAY or SHORT TERM change less than 2 weeks.

If you need to make a short term change please click on the "Single Day Transportation Change Request Form" Link on the [transportation page](#).



Complete this form if you need to change your child's bus route or stop information on a LONG TERM or Permanent basis (more than 2 weeks). Any permanent changes due to a move or change in residential address must also have residency documentation updated at your child's school office.

Return this form to your child's school.

Allow two (2) days for the office to process the change request.

MORNING(S): At what address, will your child be getting on the bus before school?

NOTE: Students will be picked up at the designated stop, nearest the address provided.

Address: _____

Please check the appropriate box for the day or days of the week on which your child will be at the above address in the morning.

☐ Mon – Friday or ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

AFTERNOON(S): At what address, will your child be getting off the bus after school?

NOTE: Students will be dropped off at the designated stop, nearest the address provided.

Address: _____

Please check the appropriate box for the day or days of the week on which your child will be at the above address in the afternoon.

☐ Mon – Friday or ☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday

Child's Name _____ Grade: _____

Child's Home Address _____

Parent/Guardian Signature _____

Parent/Guardian Name _____

Please Print

Effective Date _____

For Office Use Only

Date Received _____ Initials _____
of Office Staff _____ Date _____
entered in system _____ Verified _____
by _____