P-CCS Transportation Department: Split Family Time Form

Date: _____ School: _____

Please fill out this form completely. Complete one form for each school.

Students may not change bus stops without prior notification and approval from the Transportation Department.

Transportation will not be included for students who are granted a Parent Requested Assignment.

By completing this form, I herby request permission and accept responsibility for my child(ren) listed below to be granted the following transportation change.

Parent Name: _____

Student Name: _____

Student Name: _____

Registered Address: _____

Phone Number: _____

2nd Parent / Guardian: _____

Address: _____

Phone Number: _____

☐ AM ☐ PM ☐ Both

Start Date: _____

Parent Signature: _____

Both addresses must be within the same school attendance boundary as the registered address.

If your child should need to change back to the home stop, you must contact the Transportation Department 3 days prior to riding from the alternate stop.

This form is to be completed each school year.

PLEASE SEND THE COMPLETED FORM TO MICHAEL.LAUBERNDS@PCCSK12.COM
OR MAIL TO 1024 S. MILL STREET, PLYMOUTH, MI 48170

OFFICE USE ONLY:

1st Address Bus #

2nd Address Bus #