

TRANSPORTATION CHANGE REQUEST 2017-2018

This form is to be used for all changes in mode of transportation or change in pickup or drop off locations. Changes **cannot** be made by telephone. **Please send or fax the change form to the child's school.** Bus assignments must be consistent every week. There must be seating available on the bus for your child. A **5- business day notice** is required if this form is used to make changes after the first day of school. All changes revert back to the home address at the beginning of each school year. A new form is required each year.

School: Grade:

Reason for Request: New Request Change in Pick-up AM Change in Drop-off PM

Student Name: Student ID:

Parent/Guardian:

Home Address:

Daytime Phone: Home Phone: Cell Phone:

Name of Daycare Provider:

Daycare Phone: Requested Start Date:

Requested AM Change Information	Requested PM Change Information
Parent Drop-off AM <input type="checkbox"/>	Parent Pick-up PM <input type="checkbox"/>
Bus from Home <input type="checkbox"/>	Bus to Home <input type="checkbox"/>
Bus from Alternate Address (please list below) <input type="checkbox"/>	Bus to Alternate Address (please list below) <input type="checkbox"/>
Days Required: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>	Days Required: M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F <input type="checkbox"/>

Alternate Address:

Adults 18 and Over authorized to get child off bus (please list name & phone number):

Signature of Parent/Guardian: Date:

If all the information requested is not provided, a delay may result in the handling of your request.

FOR OFFICE USE ONLY:	START DATE: _____
AM BUS #: _____ TIME: _____	STOP LOCATION: _____
PM BUS#: _____ TIME: _____	STOP LOCATION: _____

Date DATTCO Notified: _____ Initials _____ Date Parent/Guardian Notified: _____ Initials _____