

**Request for Bus Change Due to Child Care Needs for the \_\_\_\_ - \_\_\_\_ School Term**

Allow a minimum of three working days for this form to be processed. A new form must be completed for each school term.

**PARENTAL REQUEST - COMPLETE ALL SECTIONS**

Student Name \_\_\_\_\_ Grade/Sect. \_\_\_\_\_ Teacher \_\_\_\_\_ Date \_\_\_\_\_  
School: (Circle one) Jacksonwald Owatin Lorane Reiffton Junior High  
Parent/Guardian Name \_\_\_\_\_  
Home Address (complete) \_\_\_\_\_  
Home Phone Number \_\_\_\_\_ Cell/Work Number \_\_\_\_\_  
Child Care Provider Name (person/business) \_\_\_\_\_  
Address (complete) \_\_\_\_\_  
Phone Number \_\_\_\_\_  
Cj gemdays/times requesting: "O onday "Vuesday"Y ednesday"Whursday"Friday  
AM AM AM AM AM  
NOON NOON NOON NOON NOON  
PM PM PM PM PM  
Request for Change to Become Effective: \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_

**SCHOOL OFFICE**

**FOR SCHOOL OFFICE USE ONLY - FOR SCHOOL OFFICE USE ONLY - FOR SCHOOL OFFICE USE ONLY**

Student number \_\_\_\_\_

Student <b>Pick up</b> Information	Student <b>Disembark</b> Information
(cj gemone) AM or NOON	(cj gemone) NOON or PM
Bus Route # _____	Bus Route # _____
Stop # and time _____	Stop # and time _____
Location _____	Location _____
School _____	School _____

Principal Signature/Date \_\_\_\_\_

**RESPONSE TO REQUEST**

**When the above information is completed by the school office, please forward to the Transportation Supervisor.**

Your bus change request is approved to start \_\_\_\_\_

Your bus change request is denied due to \_\_\_\_\_

**Any change to these arrangements requires a new application to be filed prior to the change being implemented.**  
The principal may in an extreme emergency allow a one day change. A special bus pass is required.

Transportation Supervisor Signature/Date \_\_\_\_\_