

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 _____

Circle days/times requesting:

	Monday	Tuesday	Wednesday	Thursday	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 _____

<p>Student Pick up Information</p> <p>(circle one) AM or NOON</p> <p>Bus Route # _____</p> <p>Stop # and time _____</p> <p>Location _____</p> <p>School _____</p>	<p>Student Disembark Information</p> <p>(circle one) NOON or PM</p> <p>Bus Route # _____</p> <p>Stop # and time _____</p> <p>Location _____</p> <p>School _____</p>
--	--

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 _____