

# UNION R-XI SCHOOL DISTRICT

## CHANGE OF TRANSPORTATION

### APPLICATION TO CHANGE DISTRICT PROVIDED SCHOOL BUS TRANSPORTATION TO/FROM A PLACE OTHER THAN STUDENT'S LEGAL RESIDENCE

STUDENT'S NAME:

ADDRESS:

PARENT/GUARDIAN'S NAME:

HOME PHONE NUMBER:

WORK PHONE NUMBER:

SCHOOL:

GRADE/TEACHER:

#### PICK UP POINT CHANGE REQUEST

PARENT/GUARDIAN/BABYSITTER NAME:

PICK-UP ADDRESS:

PICK-UP TELEPHONE NUMBER:

NAME OF PERSON RESPONSIBLE AT PICK-UP POINT:

RELATIONSHIP TO STUDENT:  PARENT/GUARDIAN  GRANDPARENT  CHILDCARE PROVIDER  OTHER

IF OTHER IS SELECTED, PLEASE EXPLAIN:

ONE TIME ONLY DATE:  AS NEEDED  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY

#### DROP-OFF POINT CHANGE REQUEST

PARENT/GUARDIAN/BABYSITTER NAME:

PICK-UP ADDRESS:

PICK-UP TELEPHONE NUMBER:

NAME OF PERSON RESPONSIBLE AT PICK-UP POINT:

RELATIONSHIP TO STUDENT:  PARENT/GUARDIAN  GRANDPARENT  CHILDCARE PROVIDER  OTHER

IF OTHER IS SELECTED, PLEASE EXPLAIN:

ONE TIME ONLY DATE:  AS NEEDED  MONDAY  TUESDAY  WEDNESDAY  THURSDAY  FRIDAY

I authorize school bus transportation to be provided for the above named student to the pick-up / drop-off point listed above, or to the regular bus stop closest to that point. I understand that it is my responsibility as parent/guardian to notify the school secretary/principal at least one (1) days in advance before any changes will be made. I further understand that a student will be picked up at only one location and/or dropped off at only one location during the course of a week of school. All requests are contingent upon space availability and/or safety concerns.

DATE:

SIGNATURE: \_\_\_\_\_

#### DISTRICT USE ONLY

\_\_\_\_\_ Approved as listed below

\_\_\_\_\_ Denied for following reason: \_\_\_\_\_

Date Parent/Guardian Notified / How/ By Whom \_\_\_\_\_

Route #: \_\_\_\_\_ Bus Pick-Up Point: \_\_\_\_\_ Time: \_\_\_\_\_

Route #: \_\_\_\_\_ Bus Drop Off Point: \_\_\_\_\_ Time: \_\_\_\_\_