



STUDENT BUS SCHEDULE CHANGE/REQUEST

PLEASE MAKE SURE ALL STUDENT DATA IS COMPLETE AND PRINTED LEGIBLY

Student Name(s): _____ Grade/Homeroom: _____

Student's home address:

Address student will be picked up from in the morning (if different from home address):

Address student will be dropped off at in the afternoon (if different from home address):

Effective date: _____

Parent phone number _____ Parent E-mail _____



TO BE COMPLETED BY OFFICE

Intermediate Bus Schedule

Primary Bus Schedule

Bus#: _____ a.m. _____ p.m.

Bus#: _____ a.m. _____ p.m.

Stop #: _____ a.m. _____ p.m.

Stop #: _____ a.m. _____ p.m.

Times: _____ a.m. _____ p.m.

Times: _____ a.m. _____ p.m.

Student lives within 1.5 miles of Central School _____yes _____no