



South Summit School District Temporary Bus Change Form

Must be approved by Transportation Director 2 days in advance of the proposed change.

Student's Name: _____ Grade: ____ Gender _____

Parents Name: _____ Phone: _____

Primary Email Contact: _____

This request is for the AM Bus Route:

Requested pick-up location: _____

Contact Person: _____ Phone: _____

This first day of this change will be: Day: _____ Date: _____

The last day of this change will be: Day: _____ Date: _____

This request is for the PM Bus Route:

Requested drop-off location: _____

Contact Person: _____ Phone: _____

This first day of this change will be: Day: _____ Date: _____

The last day of this change will be: Day: _____ Date: _____

Reason for the request:

Parent/Guardian Name: _____ Signature: _____

Please Print

Office Use Only

Date Received: _____

A.M. Request Approved Bus Stop: _____
Driver: _____

P.M. Request Approved Bus Stop: _____
Driver: _____

Denied / Date / Reason _____

Parent Notified by: Phone Email Letter Date: _____