

**LEGAL OR EMERGENCY REQUEST FOR TRANSPORTATION CHANGE**

STUDENT'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_  
\_\_\_\_\_ GRADE \_\_\_\_\_  
\_\_\_\_\_ GRADE \_\_\_\_\_  
\_\_\_\_\_ GRADE \_\_\_\_\_

SCHOOL ATTENDED: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_

BUS NUMBER ON WHICH STUDENTS PRESENTLY RIDE: \_\_\_\_\_

PRESENT MORNING PICK-UP POINT (ADDRESS): \_\_\_\_\_

PICK-UP POINT REQUESTED (ADDRESS): \_\_\_\_\_

PRESENT DROP-OFF POINT (ADDRESS): \_\_\_\_\_

DROP-OFF POINT REQUESTED (ADDRESS): \_\_\_\_\_

REASON FOR REQUESTING THE CHANGE: \_\_\_\_\_

\_\_\_\_\_

IT SHOULD BE REMEMBERED THAT ALL AUTHORIZATION FOR CHANGES DEPEND UPON AVAILABLE SPACE. MOST BUSES ARE FILLED TO CAPACITY OR NEAR CAPACITY AND THUS THE REQUEST FOR CHANGES IN TRANSPORTATION WOULD HAVE TO BE DENIED.

I, THE STUDENT'S PARENT OR LEGAL GUARDIAN, REQUEST THE CHANGES AS MENTIONED ABOVE AND GIVE THE BUS COMPANY LEGAL PERMISSION TO ALTER THE REGULAR PICK-UP OR DROP-OFF POINT.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
PARENT/GUARDIAN

ADDRESS \_\_\_\_\_  
\_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EFFECTIVE DATE OF REQUEST: BEGINNING DATE \_\_\_\_\_ END DATE \_\_\_\_\_

**FOR OFFICE USE ONLY**

**IF CHANGE INVOLVES A CHANGE OF BUSES:**

BUS NUMBER FOR PICK-UP \_\_\_\_\_

BUS NUMBER FOR DROP-OFF \_\_\_\_\_

ADMINISTRATIVE ACTION TAKEN: APPROVED \_\_\_\_\_ DENIED \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

DATE: \_\_\_\_\_

\_\_\_\_\_  
DISTRICT ADMINISTRATOR