

**Western Reserve Local Schools
Transportation Variance Form
SCHOOL YEAR _____
Allow 3-5 days for Changes to Take Effect**

This form is to be used for the permanent change of student pick-up and/or drop-off locations for the current school year. **Please be reminded we are allowing only one alternate stop from home.**

Student's Name: _____ Grade: _____

Teacher (Elementary Only): _____

Variance Start Date: _____ End Date: _____

Parent's Name: _____ Phone: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Pick-Up

Please list the name and address of the person where the student will be picked up.

Name: _____

Address: _____ City: _____

Contact Phone: _____ Circle days needed for pick-up M T W T H F

Drop-Off

Please list the name and address of the person or place where the student will be dropped off.

Name: _____

Address: _____ City: _____

Contact Phone: _____ Circle days needed for drop-off M T W Th F

Parent Signature _____ **Date** _____

Approved By: _____ Date: _____

AM Pick-Up Bus # _____ Time: _____

PM Drop-Off Bus # _____ Time: _____