



Central Valley School District
Request for non-routine transportation
(doctor and dentist appointments, family emergencies, etc.)

Child's first & last name _____

Child's age _____ Child's grade _____

Child's teacher _____ Child's school _____

Requested Change

Child will walk or ride bus (circle one) to street address _____

Date(s) of change _____

Parent's signature _____ Today's date _____

Parent phone _____

Send this completed form to your child's school no later than 10 a.m. the day of change. Children without completed forms on file will be transported in the normal manner.



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