

Transportation Change Form



Please complete this form each day your child has a change to his/her normal afternoon transportation.

Student's Name: _____

Homeroom Teacher: _____

Date: _____

Change in transportation (check one):

Regular Dismissal Time:

_____ Student will be picked up by _____ at the regular dismissal time. (*Your child's name will be placed on the pick-up list which is read during afternoon announcements.*)

_____ Student will walk/bike to: _____.

_____ *Student will ride bus # _____ to be dropped off at this location: _____.

*(*Please note: Requests may not be possible due to the number of children already on the bus. Please use this option for urgent situations only.*)

Early Dismissal:

_____ Student will be picked up at _____ for _____.

(time) (reason)

_____ Student will return to school.

_____ Student will not return to school.

Parent Signature: _____ Parent Name: _____

(please print)

Parent phone number: _____

*Please use this form each day there is a change to his/her normal afternoon transportation. If there is an emergency change of transportation during the school day, please call the office no later than **1:00 p.m.***