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.