

Transportation Change Request

(MUST BE COMPLETED FOR ALL AFTERNOON BUS/CAR RIDER CHANGES)

My child's name: _____

Student ID# (required) _____

My child's teacher: _____

() This is a temporary change for the following date(s): _____

() This is a permanent change effective on: _____

() My child will be a car rider. Car rider # _____

() My child will go to day care _____

() My child will be a walker. Walker # _____

() **Emergency use only:** My child will ride bus _____ with _____

to the following address: _____

Print Parent Name: _____

Parent Signature: _____ Date: _____

***This request must be received by his/her teacher on the day of the change before 10AM.**

***Emails/faxes will not be accepted**

*Contact Annette Powell for any transportation questions or concerns
@678 765 5112.