

REQUEST FOR CHANGE IN BUS TRANSPORTATION FORM

Transportation Department Phone: 803.275.1776 Fax: 803.275.1787

Student's Name _____ Date of Birth _____ Grade/School _____

Allergies/Medical _____

Name of Parent/Guardian: _____

Address: _____

I request that my child ride bus route number _____. Starting date _____.
Ending date _____.

My child will ride the bus am / pm (circle one) to / from _____.
Name of School

Name of Caregiver _____

Address: _____ Phone #: _____

Please check the appropriate reason for the request:

Emergency Conflicting Work Schedule Other (Please Explain)

Parent Name: _____

Parent Signature: _____ Date: _____

| TRANSPORTATION DEPARTMENT USE ONLY | |
|---|---------|
| Action Taken: | |
| Request Approved: | |
| Request NOT Approved: | Reason: |
| Signature of Transportation Supervisor: | Date: |
| Copy: Principal / Bus Driver | |

