

# Eaton Community Schools REQUEST FOR CHANGE IN TRANSPORTATION

A separate *Request for Change in Transportation* form must be completed for each child. Bus stops at multiple addresses within a week's time will not be permitted. You may request one stop location for the morning pick up and one stop location for the afternoon drop off.

Supplementary bus transportation will be provided only if seating is available and overcrowding does not exist. **Students regularly scheduled to the route have priority over special requests.**

**Do not return this form to the Transportation Department; return it to the school office in the building where your child attends.** It will take a minimum of four (4) days for your request to be processed; however, emergency requests will be taken into consideration.

All school personnel involved will be notified. Students and parents will be responsible for the student's on-time boarding or departure from the bus.

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Date: \_\_\_\_\_

Name of Student: \_\_\_\_\_ Grade \_\_\_\_\_

Home address of student: \_\_\_\_\_

School assigned: \_\_\_\_\_ Teacher/Home Room # \_\_\_\_\_ Current Bus # \_\_\_\_\_

Name of parent/guardian: \_\_\_\_\_

Parent/guardian telephone numbers: Home \_\_\_\_\_ Work \_\_\_\_\_ Cell \_\_\_\_\_

**Transportation is requested as follows:** (Be sure to include house number.)

A.M. Transportation from one location only Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

Noon Transportation to/from one location only Name \_\_\_\_\_

Address: \_\_\_\_\_ Phone No. \_\_\_\_\_

P.M. Transportation to one location only Name \_\_\_\_\_

Address \_\_\_\_\_ Phone No. \_\_\_\_\_

I request that the Change in Transportation begin \_\_\_\_\_ (date) and remain in effect through \_\_\_\_\_ (date).

\_\_\_\_\_  
Signature of parent/guardian

### SCHOOL USE ONLY

Date request received in school office \_\_\_\_\_

Date form sent to Transportation \_\_\_\_\_

Date form received by Transportation \_\_\_\_\_

Request is \_\_\_\_\_ approved \_\_\_\_\_ denied

A.M. Bus # \_\_\_\_\_ P.M. Bus # \_\_\_\_\_

Pick up time \_\_\_\_\_

By: \_\_\_\_\_  
Transportation Supervisor

Date: \_\_\_\_\_