

Today's Date:

Student Name: _____ Student ID#: _____

Date of Birth: _____ Current School: _____

Grade: _____ - If student is in **PRE-K** A.M. P.M.

Please change my student's school bus transportation as follow:

Requested Begin Date: _____ (please allow 3-

BEFORE School Information: NONE – I will provide transportation

YES – I want my student to ride the Special Education bus

Pick-up Address: _____ Telephone: _____

Home address *(If NEW home address – must bring proof of residency to current school)*

Child Care Provider - Site Name or Relationship _____

AFTER School Information: NONE – I will provide transportation

YES – I want my student to ride the Special Education bus

Drop off Address: _____ Telephone: _____

Home address *(If NEW home address – must bring proof of residency to current school)*

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