Temporary Change -- Bus Request Form

This form is to be utilized when your child temporarily needs to ride a different bus other than his/her assigned bus.

Date: ________________________     School: ______________________________________

Student’s Name: _______________________________________________ Grade: _________

Address: ____________________________________________________________________

Township: ______________________________ Phone: _______________________________

Bus # that Student is Assigned to Ride: ______________

Bus # that Student is Granted Permission to Ride: ______________

Location of Drop-off:  ___________________________________________________________

Date Change is to be Made:   Start: ______________ to End: ______________

Reason for Change:  ___________________________________________________________

Signature of Parent: ___________________________________________________________

Signature of Principal: __________________________________________________________

Signature of Transportation Supervisor:  __________________________________________

Parent/Guardian: Please return completed form to your child’s school office. Thank you!

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