

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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