

DEER CREEK-MACKINAW COMMUNITY UNIT SCHOOL DISTRICT #701

CHANGE IN TRANSPORTATION REQUEST FORM

Note: Please refer to reverse for guidelines

Please complete the information below completely and return to the school office at least five (5) days prior to the proposed change in transportation is to begin. Failure to complete in full will delay processing your request.

Student: School: Grade:
Student: School: Grade:
Student: School: Grade:
Address: City: Postal:
Phone:

When is this change to begin? How long will this change be in place?

CURRENT

Pick up point

Street:
City:
Bus Driver:

Drop Off point

Street:
City:
Bus Driver:

REQUESTED

Pick up point

Street:
City:
Bus Driver:

Drop Off point

Street:
City:
Bus Driver:

Reason for the requested change in transportation:

Reason for the requested change in transportation:
Reason for the requested change in transportation:

Parent/Guardian Signature: Date:

Principal's Signature: Date:

(Office Use Only)

Will this change result in the student riding a different bus? Yes No

If yes, what is the new bus assignment?

Is there sufficient space on the new bus? Yes No

Will this change require the route to be changed or altered in any way? Yes No

[] Approved - change the student's transportation [] Denied - no change in transportation

Reason:

Comments:

Superintendent's Signature Date:

Cc: Parent/Guardian Bus Driver Principal Student Temporary File District Office