

# Tri-County North Local Schools

## Request for Change in Bus Transportation

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

If the bus driver believes that no one is home or if an older sibling is not with the child, the driver will transport the student back to Latchkey at the Elementary school located on Front Street, Door #10. Parents will be charged the registration fee and hourly rate and parents are responsible for picking up their child by 6:00 P.M. If there is a pattern of this issue, the Superintendent and/or Children's Services will be notified.

Student Name \_\_\_\_\_ School Year \_\_\_\_\_  
School Attends (Mark One) \_\_\_\_\_ High School \_\_\_\_\_ Middle School \_\_\_\_\_ Elementary  
Home Address \_\_\_\_\_  
Home Telephone \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_  
Are there any medical issues that the bus driver needs to be aware of? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, explain \_\_\_\_\_  
\_\_\_\_\_

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PLEASE NOTE: You may have **ONE** address for the A.M. route and a different address for the P.M. route, but only **ONE** address will be accepted for each.

### A.M. TRANSPORTATION

I am requesting that the above named child be picked up at the school bus stop closest to:

Address \_\_\_\_\_  
Name of resident if different from parent/guardian \_\_\_\_\_  
Telephone number if different from parent/guardian \_\_\_\_\_

### P.M. TRANSPORTATION

I request that return transportation be provided to the closest school bus stop to:

Address \_\_\_\_\_  
Name of resident if different from parent/guardian \_\_\_\_\_  
Telephone number if different from parent/guardian \_\_\_\_\_

Since consistency is a proven safety factor, this system is developed to maintain greater accountability for bus students. The locations indicated on this form cannot be modified except in the office of the building principal **three days** prior to becoming effective.

Date of Request \_\_\_\_\_ Parent/Guardian Signature \_\_\_\_\_

Date Modification Becomes Effective \_\_\_\_\_ Building Principal Signature \_\_\_\_\_

