

ALMOND-BANCROFT SCHOOL DISTRICT
Administrative Rules

751-Exhibit

SPECIAL REQUEST FOR TRANSPORTATION CHANGE

STUDENT'S NAME: _____ GRADE _____
_____ GRADE _____
_____ GRADE _____

SCHOOL ATTENDED: _____

BUS NUMBER ON WHICH STUDENTS PRESENTLY RIDE: _____

PRESENT MORNING PICK-UP POINT: _____

PICK-UP OR DROP-OFF POINT REQUESTED: _____

IF CHANGE INVOLVES A CHANGE OF BUSES, WHAT IS THE NUMBER OF THE BUS SERVING THE REVISED PICK-UP POINT: _____

REASON FOR REQUESTING THE CHANGE: _____

It should be remembered that all authorization for changes depend upon available space and on a regular established bus route.

I, THE PARENT/GUARDIAN OF THE STUDENT(S) NAMED ABOVE, REQUEST THE CHANGES AS MENTIONED ABOVE AND GIVE THE BUS COMPANY PERMISSION TO ALTER THE REGULAR PICK-UP OR DROP-OFF POINT.

Signature of Parent/Guardian

DATE:
Address of Parent/Guardian

DURATION OF THIS REQUEST: _____
Phone Number

ADMINISTRATIVE ACTION TAKEN: Approved_____ Denied_____

Date: _____

District Administrator