



**Centerville City Schools
Temporary Transportation Change**

My student, _____ who attends _____ needs to **ride / walk**
(Child's name) (School name) (circle appropriately)

to school or home on Bus# _____ with _____ at _____
(circle appropriately) (Other child's name) (Location of Stop if riding bus)

My child needs to change his/her bus service because of _____
(i.e.- parent pick up, etc.)

This change is to be effective from _____ to _____
(Date(s) of change)

*** (Parent's Signature and **daytime phone number** – required to have request approved) ***

This form is to be used in the event your child needs to ride to school or home with another student on a different bus in case of an emergency. Centerville City Schools transports over 9,000 students with our primary goal being safety. It is very important both the transportation office and the school office receive your written request prior to the change. This written request is necessary to protect the children of our school district and to provide safe transportation to and from school.

This form can be mailed, emailed, or hand-delivered to the student's school of attendance.

We greatly appreciate your help in keeping our children safe.

Centerville City Schools Alternate Transportation Form

Office Use Only BUS

All students are routed to and from their home address. If your student will **not** be riding the bus to or from your home address, then you must complete this form. If your student is being transported to or from a sitter's home, the sitter must be in the same attendance area as your student. If you have an update or change, please complete a new form. **PRINT LEGIBLY** * Transportation changes are a privilege and frequent changes are disruptive to our regular scheduled routes – please make sure this will be a long term change before completing.

School: _____	Teacher: _____	Grade: _____
Student Name: _____		
Parent/Guardian's Name: _____		
Home Address: _____	Daytime Phone #: _____	
Email Address: _____		

*The Transportation Department has up to 3 days to complete change requests, please keep this in mind when completing this form.
Place an X in the boxes below to indicate your student's schedule.*

To School

Day	To School Walker	Parent/Guardian Drop off	Daycare If Daycare Transports	School Bus From Sitter
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

From School

Day	From School Walker	Parent/Guardian Pick up	Daycare/Voyager If Daycare Transports	School Bus To Sitter
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

DATE EFFECTIVE: _____

Name of Daycare: _____ Phone: _____

Daycare Address: _____

Name of Sitter: _____ Phone: _____

Sitter Address: _____

Parent Signature: _____ Date: _____

Date School Rec'd _____	<i>Office Use Only</i>	Date Transportation Rec'd _____
	Date Faxed to Transportation _____	

DUAL RESIDENCE FORM

In the event a student needs bus service to and from two different addresses due to dual residence, then the form below must be completed and signed by both parents and returned to the Centerville City Schools Transportation Department. If a student is in kindergarten, please indicate whether he/she is morning, afternoon or all day. Please print legibly!

School: _____ Name: _____ GR: _____

School: _____ Name: _____ GR: _____

School: _____ Name: _____ GR: _____

School: _____ Name: _____ GR: _____

Mother's Name: _____

Address: _____ **Cell Phone:** _____

Days Student is at Mother's House: _____
(if dates and times change frequently, please attach a calendar with the students schedule)

Mother's Signature: _____ Date: _____

Father's Name: _____

Address: _____ **Cell Phone:** _____

Days Student is at Father's House: _____
(if dates and times change frequently, please attach a calendar with the students schedule)

Father's Signature: _____ Date: _____

RETURN FORM TO YOUR STUDENT(S) SCHOOL OF ATTENDANCE

For office use only –

Bus To Mother's: AM _____ MID _____ PM _____ TRANS _____

Bus To Father's: AM _____ MID _____ PM _____ TRANS _____