

Request for Transportation or Change



Must be submitted 3 days prior to effective date.

Changes limited to 3 times per year.

One form per student.

Effective Date of Change Required ***	Circle one below		<u>OFFICE USE ONLY</u> Transportation Department Received on:
	New	Change only	

Student Last Name _____ First Name _____ MI _____

School _____ DOB _____ M ___ F ___ Grade _____

Names of Parents or Guardians **With Whom Pupil Resides:**

_____ Phone Number _____

List complete street address of residence:

_____ City _____ Zip Code _____

Closest intersection or cross street for reference _____ Township _____

Names of other siblings riding LASD buses _____

If your child will be transported **to** or **from** a sitter address, **the information below is required:**

Sitter Name _____ Sitter Phone# _____

Sitter Address _____

I desire transportation for my child as follows:

AM ___ from the school board approved bus stop closest: **to my home** or **to the sitter** --(<-circle one) M ___ T ___ W ___ TH ___ F ___

PM ___ to the school board approved bus stop closest: **to my home** or **to the sitter** --(<-circle one) M ___ T ___ W ___ TH ___ F ___

Walking Group Assignment _____ M-T-W-TH-F Car _____ M-T-W-TH-F

Health concerns for driver information _____

Parent Signature _____ Date _____

Students must be at their assigned stop (5) minutes prior to pickup time.

All route times subject to change.

Non-residents will not be transported in LASD vehicles.

Person Requesting Change _____ Date of Request _____