

## Alternate Student Bus Change Request

\*\*Please review, approve and provide a copy of this form on the first day student is to ride\*\*

Student's Name (Print): \_\_\_\_\_ Current Bus#: \_\_\_\_\_

Grade: \_\_\_\_ School: \_\_\_\_\_ Requesting Bus# /Color/Animal: \_\_\_\_\_  
(Color/Animal for Elementary only)

### Contact Information for Student

Name (Print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #2: \_\_\_\_\_

### Contact Information For the alternate address to which you would like the student delivered.

Name (Print): \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Phone #2: \_\_\_\_\_

### Student will ride the alternate bus:

Monday – Friday AM     Monday – Friday PM     Every Other Week AM/PM     As Needed:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

School Official: \_\_\_\_\_ Date: \_\_\_\_\_

Note: **School official please return signed form to the Transportation Department**

### Fulton County Transportation Use Only

Alternate Bus#: \_\_\_\_\_ Date Approved: \_\_\_\_\_

Approved By: \_\_\_\_\_ Altered Stop and Time: \_\_\_\_\_