

Alternate Student Bus Change Request

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

Student's Name (Print): _____ Current Bus#: _____

Grade: _____ School: _____ Requesting Bus#: _____

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: _____

Fax a copy of this form to transportation at 704-254-2978

Fulton County Transportation Use Only

Alternate Bus#: _____ Date Approved: _____

Approved By: _____

Alternate Stop and Time: _____