

Long Term
Student Bus Change Request

****Local School: 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: _____ Current Bus # _____

Grade: _____ School: _____ Requesting Bus # _____

Contact Information for Student

Name: _____ Relationship: _____

Address: _____

Phone: _____ / Phone 2 _____

Contact Information for the alternate address to which you would like the student delivered

Name: _____ Relationship: _____

Address: _____

Phone: _____ / Phone 2 _____

Student will be riding alternate bus:

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

Parent/Guardian Signature

Date

School Official (I have read and approved the above request)

Date

Fulton County Transportation Use Only

Alternate Bus # _____ Date Approved: _____ Approved By: _____

Alternate Stop and Time: _____