

LONG TERM STUDENT BUS CHANGE REQUEST FORM			
<i>SCHOOL ADMINISTRATOR PLEASE REVIEW, APPROVE, CONTACT, AND SEND A SIGNED COPY OF THIS FORM TO YOUR TRANSPORTATION SUPERVISOR</i>			
STUDENT'S NAME: _____			
SCHOOL:	_____	GRADE LEVEL:	_____
CURRENT ASSIGNED BUS #:	_____	REQUESTED ASSIGNED BUS #:	_____
<i>IF THE LONG TERM BUS STOP CHANGE REQUEST IS APPROVED IT MAY TAKE UP TO 5 WORKING DAYS BEFORE SERVICE CAN BEGIN</i>			
<i>CONTACT INFORMATION FOR THE STUDENT</i>			
PARENT/GUARDIAN NAME:		_____	
RELATIONSHIP TO STUDENT:		_____	
HOME ADDRESS:		_____	
PHONE #'S:	HOME/ _____	CELL/ _____	WORK/ _____
PARENT/GUARDIAN SIGNATURE:		_____	
<i>CONTACT INFORMATION FOR THE ALTERNATE ADDRESS TO WHICH YOUR CHILD WOULD BE DELIVERED</i>			
ADULT'S NAME ASSUMING RESPONSIBILITY FOR YOUR CHILD:		_____	
THEIR ADDRESS:		_____	
PHONE #:	HOME/ _____	CELL/ _____	WORK/ _____
SIGNATURE OF ADULT:		_____	
STUDENT WILL BE RIDING			
		MONDAY-FRIDAY AM	
		MONDAY-FRIDAY PM	
		EVERY OTHER WEEK AM/PM	
		OTHER: _____	
		AS NEEDED: _____	
<i>FCS TRANSPORTATION USE ONLY</i>			
	REQUEST IS APPROVED		REQUEST IS DENIED
REASON FOR REQUEST BEING DENIED:		_____	
BUS #, BUS ID (EX. RED ELEPHANT), BUS STOP, AND PICK-UP TIME: _____			
APPROVAL SIGNATURE:		DATE:	_____