

**OLDHAM COUNTY BOARD OF EDUCATION
ADMINISTRATIVE REGULATION 8001.02-F
BUS TRANSPORTATION CHANGE REQUEST FORM
SCHOOL YEAR 20___/20___**

Student's Legal Name _____ Birthdate _____ Sex _____
(Last) (First) (Middle - No Initial)

Student's Home Address _____ City _____ Zip _____

Phone (____) _____ School _____ Grade _____

REQUESTED SCHOOL BUS TRANSPORTATION CHANGE

Requested Start Date: _____ **Change bus stop location** **Change release information**

Select only one	BOTH AM & PM <input type="checkbox"/>	AM ONLY <input type="checkbox"/>	PM ONLY <input type="checkbox"/>
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Indicate below the location you are requesting as a change to your student's designated bus stop location. Transportation **may** be provided to qualifying locations within the school attendance boundary only. **Note: Requests to change a designated bus stop location to an alternate bus stop location must be resubmitted and approved annually.**
Stop location requested for AM. _____
Stop location requested for PM. _____
Reason for change: _____

*Please note that a bus stop evaluation must be performed and completed prior to the start of all transportation services. Pre-designated stop locations **that do not** require special signage may be approved within three business days. For stop locations requiring special signage, we must await sign placement by the roadway authority before service can begin. Bus service will only be provided to and from approved designated bus stop locations.

FOR PRESCHOOL CHILDREN ONLY

List information for each person to whom student may be released. **NOTE: Must Show Picture Identification to bus driver to receive student.**

Print Legal Name	Relationship	Phone

Signature of Parent/Guardian _____ Date _____

Print Legal Name Parent/Guardian _____

FOR SCHOOL STAFF ONLY

Did parent/guardian & student receive a copy of 8030.01-AR? YES NO
Signed (parent/guardian & student) copy of 8030.01-F in student file? YES NO

E-MAIL FORM TO ROUTE AREA MANAGER AND NOTIFY ROUTE AREA MANAGER VIA PHONE @222-9337

