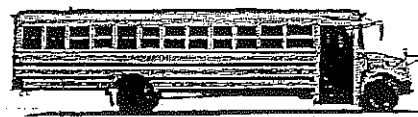




Lowellville Local Schools K-12 Bus Change Form



Student Information

Full Name: _____
Last *First* *Grade Level*

Address: _____
Street Address

_____ *City* *State* *ZIP Code*

Home Phone: _____ Alternate Phone: _____

Morning Pick Up

Reason: _____

Name: _____ Relation: _____

Address: _____

Phone: _____ Alternate Phone: _____

Rest of the Year Until further notice: Occasionally:

Afternoon Drop Off

Reason: _____

Name: _____ Relation: _____

Address: _____

Phone: _____ Alternate Phone: _____

Rest of the Year Until further notice: Occasionally:

FOR OFFICE USE ONLY

APPROVED DECLINED

Regular Bus # _____ Bus Change # _____

Change/Transportation will begin: _____

_____ Date

Copies to: Bus Supervisor – File – Bus Driver – Parent/Guardian

NOTE: This form must be completed and approved for each school year BEFORE child(ren) can be transported.