

WEST GEAUGA LOCAL SCHOOLS
BUS CHANGE REQUEST

STUDENT'S NAME (PLEASE PRINT) _____ SCHOOL BLDG _____ GRADE _____

STUDENT'S CURRENT ADDRESS _____ NEW TRANSPORTATION ADDRESS CHANGE _____

REGULAR BUS # _____ CHANGE: AM MID-DAY PM _____ BUS # CHANGE _____

DAYS: M T W TH F (CIRCLE DAYS)

DATES FROM: _____ TO: _____

REASON FOR CHANGE: _____

It is the position of the West Geauga Board of Education to provide transportation to and from a student's place of residence. Requests for changes can only be considered with respect to REGULAR ESTABLISHED ROUTES AND PICK UP AND DROP OFF POINTS. The undersigned understands that this is only a request for consideration and not a guarantee for approval. A bus change, if granted, is for the current school year only. Student's residential address will be used the following school year unless another bus change is requested.

DAYTIME TELEPHONE NUMBER _____ DATE _____ PARENT OR GUARDIAN SIGNATURE _____

Transportation Use Only	DATE _____	BUILDING VERIFICATION _____
Approved _____	DATE _____	TRANSPORTATION SUPERVISOR _____
Denied _____	DATE _____	

TAKE TO SCHOOL OF ATTENDANCE FOR VERIFICATION. CHANGES CAN BE MADE WITHIN 2 SCHOOL DAYS WITH APPROVAL.