

SCHOOL: _____

DATE: _____

*Fill this form out completely. Complete one form for each school.
Students may not change bus stops without notification of approval from
the Transportation Department. Transportation will not be considered for
any School of Choice students.
THIS FORM IS TO BE FILLED OUT EACH SCHOOL YEAR.*

I hereby request permission and accept responsibility for my child(ren) listed below to be granted the following transportation change:

STUDENT NAME _____

STUDENT NAME _____

ADDRESS _____

1) PARENT/GUARDIAN NAME _____

PHONE NUMBER H) _____ C) _____

2) PARENT/GUARDIAN NAME _____

ADDRESS _____

PHONE NUMBER H) _____ C) _____

Circle one /or both **AM** **PM**

1) PARENT SIGNATURE _____

2) PARENT SIGNATURE _____

Both addresses must be within the same school attendance boundary as the registered address.

**FAX THIS COMPLETED FROM TO (734) 595-2599
OR MAIL TO: 33633 Myrtle , Wayne, MI 48184**

Office Use Only

START DATE _____

1) HOME ADDRESS ROUTE: _____ STOP: _____

2) HOME ADDRESS ROUTE: _____ STOP: _____