

School District of Superior

Long-Term Transportation Change Request

This form is to be completed by the parent/guardian and school official for any long-term (more than one day) request to vary from the assigned school bus schedule. Conditions for approval are that there is sufficient space on the bus or buses affected, and that there is no change to the route of the affected bus or buses.

Studer	Today's Date:	Today's Date:	
Student Name:			
Home Address:	Telephone #:	Ch	ange Dates
School:	Grade:	Start Date:	
Home Bus Stop:	Home Bus Route:	End Date:	
Description of Requested Change			
Please describe in detail below the change you are requesting for your child's transportation:			
		2	
School Board Policy File EEAA states that: "In requesting assignment changes, parents or guardians assume responsibility for ensuring that their child(ren) are aware of which bus to ride and where to get on or off at all times, and for ensuring that appropriate arrangements are made for their child(ren) on special days such as conference dates, regularly-scheduled early dismissals, and weather-related emergencies." The policy also stipulates that change requests may not be granted unless there is adequate space on the bus or buses impacted and no bus routes are altered because of the change. By signing below you indicate that you understand and accept these provisions of the policy and will ensure that your child knows at all times which bus to ride and where to get on or off the bus.			
Parent/Guardian Signature:	Date:	Date:	
	Principal/School Action		
All impacted bus drivers have been	List Drivers Consulted, with Ro	ute Numbers	,
consulted This change will not result in a bus overload No route adjustments are necessary	Driver		Route
	Driver	a	Route
	Driver		Route
	Driver		Route
☐ Approved ☐ Denied			
Principal Signature:			
Principal Signature:			