

**SPRINGBORO COMMUNITY SCHOOLS**

**REQUEST FOR CHANGE IN TRANSPORTATION**

**(This form should NOT be utilized for Change of Address)**

This form must be completed **3 days** before the request can be implemented. All school personnel involved will be notified; however, students and parents will be responsible for the on-time boarding and/or unloading of the bus. Please complete **ONE FORM PER CHILD** and no one child will have more than one alternate address for pick-up and/or drop-off. Please print all information. This form is intended for extended requests only. You may FAX this form to 937-748-6019

Name of Student: \_\_\_\_\_ Student's Date of Birth: \_\_\_\_\_

Student's School of Attendance: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address of Student: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Home Contact Number: \_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Contact Number: \_\_\_\_\_

Mother's Email Address: \_\_\_\_\_

Father's Name: \_\_\_\_\_ Father's Contact Number: \_\_\_\_\_

Father's Email Address: \_\_\_\_\_

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**ALTERNATE PICK-UP INFORMATION:**

Alternate Address: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**ALTERNATE DROP-OFF INFORMATION:**

Alternate Address: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**SPECIAL ARRANGEMENTS:(if needed) This includes any day variant information:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BEGINNING DATE: \_\_\_\_\_ ENDING DATE: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PLEASE NOTE:** All Changes in Transportation must be approved by the Transportation Department prior to transportation being changed from student's home address. When approved, Transportation will notify parents and school of the new bus information.

Building Approval: \_\_\_\_\_ Date: \_\_\_\_\_

Transportation Approval: \_\_\_\_\_ Effective: \_\_\_\_\_

Approved Bus # \_\_\_\_\_ Pick Up Time \_\_\_\_\_ Drop Off Time \_\_\_\_\_