

GVCS BUS TRANSPORTATION CHANGE REQUEST FORM FOR GRADES PK-4



DATE: _____

GRADE: _____

STUDENT: _____

NORMAL BUS: _____

TEACHER: _____

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Request for bus schedule NOTE: 48 hour written notice must be provided to make any changes to the normal bus schedule. Requests for transportation changes **WILL NOT BE TAKEN BY PHONE** unless there is an emergency. This form must be submitted to the welcome desk no later than 12:00p.m. on the day of the change. **NO CHANGES WILL BE ALLOWED AFTER 12:00 p.m.**

Monday	Tuesday	Wednesday	Thursday	Friday
AM Bus # _____	Bus# _____	Bus# _____	Bus# _____	Bus# _____
PM Bus # _____	Bus# _____	Bus# _____	Bus# _____	Bus# _____

Reason for requesting change: _____

If you do not know the bus number please call the Transportation Supervisor at 585-268-7920.

CHANGE OF BUS INFORMATION:

_____ TO _____

(Note: At the end of this time period, the bus arrangements will resume back to the original bus schedule)

Name of person your child will be with: _____

Address of person: _____

Phone number of person: _____

NOTE: In the case of an emergency, please call the Welcome Desk at 585-268-7900. Arrangements will be made for your child to be kept at school until you or your designated contact picks them up.

Parent Signature _____ Date _____