

SCS TRANSPORTATION CHANGE FORM

Request for a permanent transportation change

Please complete and return this form to your child's school. Please note you are requesting a permanent change, such as family change of address. Once the request is approved by SCS Transportation, your request will be implemented within 48 hours.

Student Name: _____

Student ID: _____ Expected Start Date: _____

New/Home Address: _____

School of Attendance: ___ Coulston ___ Hendricks ___ Loper ___ SMS ___ SHS

Requested AM Pickup: ___ Home ___ Secondary Address ___ Boys/Girls Club ___ Girls Inc. ___ AYS

Requested Secondary Pickup Address: _____

Select applicable days: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

Requested PM Drop-off: ___ Home ___ Secondary Address ___ Boys/Girls Club ___ Girls Inc. ___ AYS

Requested Secondary Drop-off Address: _____

Select applicable days: ___ Monday ___ Tuesday ___ Wednesday ___ Thursday ___ Friday

In the best situation, the one rider / one pick up / one drop off rule should apply. This allows for reasonable expectations on the bus driver to monitor the appropriate pick up and drop off point for students and lessens the potential for safety concerns. The school bus transportation system cannot absorb the liability of serving as a flexible transportation (taxi-like) service.

Reason for permanent transportation change: _____

Parent / Guardian Requesting Change:

Printed Name: _____ Signature: _____

Contact Number: _____ Email: _____

For School Use Only:

Date Received: _____ Time Received: _____

Administrator Signature: _____

Approved _____ Not Approved _____ (Site reason below and contact parent)

***** Schools should fill out the Google Form for Transportation Action and maintain this form in your building.**