

CLINTON-MASSIE BUS CHANGE REQUEST

Students Name _____ Teacher _____

I am requesting that my pickup and/or drop-off location be changed.

PICKUP ADDRESS _____

Name _____ Phone/Cell Number _____

Explanation: _____

DROP OFF ADDRESS _____

Name _____ Phone/Cell Number _____

Explanation: _____

I understand that this change will take place within 5 days after the transportation office receives this written request. If you have any questions, please contact the transportation office at 937-289-2649.

Parent Signature _____ Date _____

Daytime Phone Number _____

FOR OFFICE USE ONLY	
PICKUP BUS # _____	EFFECTIVE DATE _____
COMMENTS: _____	DROP OFF BUS # _____

Transportation Office will send copies to:
Director of Student Services
Building Office