

**EAST PENNSBORO AREA SCHOOL DISTRICT
PERMANENT BUS CHANGE FORM**

**IMPORTANT: 3 DAY
NOTICE FOR**

STUDENT NAME: _____ GRADE: _____

PARENT(S)/GUARDIAN(S): _____

HOME PHONE: _____ WORK PHONE: _____

OTHER: _____ OTHER: _____

CURRENT BUS #: _____ CURRENT VAN #: _____

CURRENT PICK-UP LOCATON: _____

CURRENT DROP OFF LOCATION: _____

REASON FOR CHANGE: _____

PICK-UP/DROP-OFF PERMANENT CHANGE

PICK-UP LOCATION: _____ DATE: _____

DROP-OFF LOCATION: _____ DATE: _____

PLEASE LIST ANY OTHER INFORMATION THAT WILL ENABLE US TO ESTABLISH THE CLOSEST BUS STOP:

SIGNATURE OF PARENT/GUARDIAN _____ PRINTED NAME OF PARENT/GUARDIAN _____ DATE _____

DISTRICT USE ONLY:

Approved or Disapproved _____
Signature of Transportation Coordinator/Designee _____ Date _____

Date Received _____
New Start Date _____
New Bus/Van # _____
New Bus/Van Stop _____

CSIU updated	_____
Connect ED updated	_____
Parent(s) notified	_____
Building notified	_____
Driver notified	_____
Letter mailed	_____