

## ALTERNATE BUS FORM- Charlton Middle School 2020-2021

STUDENT NAME: \_\_\_\_\_ GRADE: \_\_\_\_\_

RESIDENTIAL ADDRESS: \_\_\_\_\_  
 TELEPHONE # \_\_\_\_\_

This change will be allowed subject to availability of space on the new bus. Every consideration will be made to accommodate this change.

**A.M. BUS: Student is picked up at:**

Home: \_\_\_\_\_ Other: \_\_\_\_\_  
 (list address of where child is picked up if not at home)

Monday Bus #	Tuesday Bus #	Wednesday Bus #	Thursday Bus #	Friday Bus #
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**(Please list changes only)**

**P.M. BUS: Student is dropped at (list address and care-takers name and phone #):**

Address: \_\_\_\_\_  
 Name of child care provider: \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_

Monday Bus #	Tuesday Bus #	Wednesday Bus #	Thursday Bus #	Friday Bus #
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**(Please list changes only.)**

**Reason for bus change request:** \_\_\_\_\_

Signature of Parent \_\_\_\_\_ Date: \_\_\_\_\_

Telephone Number of Parent: Home: \_\_\_\_\_ Cell: \_\_\_\_\_  
 Work: \_\_\_\_\_

All changes should be requested one week prior to the actual change when possible.

OFFICE USE ONLY: Change to start on: \_\_\_\_\_

DATE REQUEST RECEIVED: \_\_\_\_\_ HOME BUS # \_\_\_\_\_

FAXED TO BUS COMPANY: \_\_\_\_\_ APPROVED: \_\_\_\_\_