

Showell Elementary School

TRANSPORTATION CHANGE FORM

Thank you for completing a Transportation Change Form **each time** there is a change in your child's transportation from school.

Student's Name: _____
(first name) (last name)

Teacher: _____

Date: _____

Change in transportation (check one):

_____ Student will be picked up at _____ for _____
(time) (reason)

by _____
(responsible adult)

_____ Student will return to school.
_____ Student will not return to school.

_____ Student will be picked up by _____ at the regular dismissal time.
(responsible adult)

_____ Student will ride bus # _____ to be dropped off at this location: _____

**** All responsible adults picking a student up from school MUST have proper identification (driver's license) ****

**** NO student will be released without proper identification ****

Parent/Guardian Name: _____

Parent/Guardian Signature: _____

Phone number where you can be reached if the school has a question about transportation change: _____

**** Note: You may send transportation form to school with your child, drop by office personally, or fax to 410-632-5359 by 2:30 PM ****

For Office Use Only: early dismissal pick-up bus change