

School Year: _____



ANNVILLE-CLEONA SCHOOL DISTRICT TRANSPORTATION CHANGE REQUEST



The school district will arrange for transportation for students from their legal district residence to and from school. The school district will permit special transportation arrangements to and from school only under the following conditions:

1. No new bus stops or bus routes will be created.
2. Requests for special transportation must be submitted on this form a minimum of **five (5) days** prior to the requested starting date for special transportation.
3. The special transportation arrangements must be for every day during the school week (Monday-Friday) with one constant stop in the a.m. and one constant stop in the p.m.
4. Arrangements will be contingent upon availability of bus seating.
5. If a new student to an assigned area needs bus seating that is currently being used under a special transportation arrangement, the special transportation student must relinquish his/her seating to the new student.
6. For the beginning of the school year, requests must be submitted on this form by July 15. If submitted after August 1, the request will not be acted on until after the first five (5) days of the school year. Therefore, transportation during that week will be provided to and from the student's legal residence.
7. The school bus driver shall **NOT** accept notes for transportation changes written directly to them by parents. All transportation change requests must go through the transportation office.

Name of Student _____ Grade _____

Home Address _____

Phone _____ Emergency/Work Phone _____ First Date of Change _____

Please mark the appropriate box(es):

REQUEST FOR AM (pick-up) CHANGE:
 Transportation request from (address) _____ Person responsible for student at this address: _____
 _____ Phone number at this address: _____

REQUEST FOR PM (drop-off) CHANGE:
 Transportation request from (address) _____ Person responsible for student at this address: _____
 _____ Phone number at this address: _____

REQUEST FOR AM KINDERGARTEN DISMISSAL (drop-off) CHANGE:
 Transportation request from (address) _____ Person responsible for student at this address: _____
 _____ Phone number at this address: _____

REQUEST FOR PM KINDERGARTEN ARRIVAL (pick-up) CHANGE:
 Transportation request from (address) _____ Person responsible for student at this address: _____
 _____ Phone number at this address: _____

Student will be a walker/parent transport.

Signature of parent/guardian

Date

Office Use Only

Bus # AM _____ K-AM (dismissal) _____ K-PM (arrival) _____ Bus # PM _____

Date form received _____ Approved YES or NO _____ Date _____

Authorized By _____

Email form to: Shauna Francis, Transportation Secretary sfrancis@acschools.org
520 S. White Oak Street, Annville PA 17003