

REQUEST FOR CHANGE IN BUS TRANSPORTATION FORM

Transportation Department – Phone: 803-275-1776; Email:
tbryan@edgefieldcountyschools.org/clbevins@edgefield.k12.sc.us

Student's Name	Date of Birth	Grade/School
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Name of Parent/Guardian: _____

Address: _____

I request that my child ride the bus to/from (circle one or both) the following Childcare

Provider: _____

Address: _____

Parent Signature	Date
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***Note: Any change in bus transportation will remain in effect for the remainder of the school year.**

TRANSPORTATION DEPARTMENT USE ONLY	
Request Approved: _____	Route Number Assigned: _____
Starting Date: _____	
Request Denied: _____	Reason: _____
Signature of Transportation Supervisor	Date
Copy: School/Bus Driver	