



**Centerville City Schools  
Temporary Transportation Change**

My student, \_\_\_\_\_ who attends \_\_\_\_\_ needs to **ride / walk**  
(Child's name) (School name) (circle appropriately)

to school or home on Bus# \_\_\_\_\_ with \_\_\_\_\_ at \_\_\_\_\_  
(circle appropriately) (Other child's name) (Location of Stop if riding bus)

My child needs to change his/her bus service because of \_\_\_\_\_  
(i.e.- parent pick up, etc.)

This change is to be effective from \_\_\_\_\_ to \_\_\_\_\_  
(Date(s) of change)

\_\_\_\_\_  
\*\*\* (Parent's Signature and **daytime phone number** – required to have request approved) \*\*\*

This form is to be used in the event your child needs to ride to school or home with another student on a different bus in case of an emergency. Centerville City Schools transports over 9,000 students with our primary goal being safety. It is very important both the transportation office and the school office receive your written request prior to the change. This written request is necessary to protect the children of our school district and to provide safe transportation to and from school.

**This form can be mailed, emailed, or hand-delivered to the student's school of attendance.**

We greatly appreciate your help in keeping our children safe.

# Centerville City Schools Alternate Transportation Form

Office Use Only BUS
# _____

All students are routed to and from their home address. If your student will **not** be riding the bus to or from your home address, then you must complete this form. If your student is being transported to or from a sitter's home, the sitter must be in the same attendance area as your student. If you have an update or change, please complete a new form. **PRINT LEGIBLY** \* Transportation changes are a privilege and frequent changes are disruptive to our regular scheduled routes – please make sure this will be a long term change before completing.

School: _____	Teacher: _____	Grade: _____
Student Name: _____		
Parent/Guardian's Name: _____		
Home Address: _____	Daytime Phone #: _____	
Email Address: _____		

*The Transportation Department has up to 3 days to complete change requests, please keep this in mind when completing this form.  
Place an X in the boxes below to indicate your student's schedule.*

### To School

Day	To School Walker	Parent/Guardian Drop off	Daycare If Daycare Transports	School Bus From Sitter
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

### From School

Day	From School Walker	Parent/Guardian Pick up	Daycare/Voyager If Daycare Transports	School Bus To Sitter
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				

DATE EFFECTIVE: \_\_\_\_\_

Name of Daycare: \_\_\_\_\_ Phone: \_\_\_\_\_

Daycare Address: \_\_\_\_\_

Name of Sitter: \_\_\_\_\_ Phone: \_\_\_\_\_

Sitter Address: \_\_\_\_\_

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

Date School Rec'd _____	<i>Office Use Only</i>	Date Transportation Rec'd _____
	Date Faxed to Transportation _____	

# DUAL RESIDENCE FORM

*In the event a student needs bus service to and from two different addresses due to dual residence, then the form below must be completed and signed by both parents and returned to the Centerville City Schools Transportation Department. If a student is in kindergarten, please indicate whether he/she is morning, afternoon or all day. Please print legibly!*

School: \_\_\_\_\_ Name: \_\_\_\_\_ GR: \_\_\_\_\_

School: \_\_\_\_\_ Name: \_\_\_\_\_ GR: \_\_\_\_\_

School: \_\_\_\_\_ Name: \_\_\_\_\_ GR: \_\_\_\_\_

School: \_\_\_\_\_ Name: \_\_\_\_\_ GR: \_\_\_\_\_

**Mother's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Days Student is at Mother's House:** \_\_\_\_\_  
*(if dates and times change frequently, please attach a calendar with the students schedule)*

Mother's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Father's Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Cell Phone:** \_\_\_\_\_

**Days Student is at Father's House:** \_\_\_\_\_  
*(if dates and times change frequently, please attach a calendar with the students schedule)*

Father's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **RETURN FORM TO YOUR STUDENT(S) SCHOOL OF ATTENDANCE**

*For office use only –*

Bus To Mother's: AM \_\_\_\_\_ MID \_\_\_\_\_ PM \_\_\_\_\_ TRANS \_\_\_\_\_

Bus To Father's: AM \_\_\_\_\_ MID \_\_\_\_\_ PM \_\_\_\_\_ TRANS \_\_\_\_\_