

# BUS SCHEDULE CHANGE

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

EFFECTIVE DATE OF CHANGE: \_\_\_\_\_

CHILD'S NAME: \_\_\_\_\_

GRADE/TEACHER: \_\_\_\_\_

I give permission for my child/children to be dropped off after school on the following days of the week and at the following location.

MONDAY: \_\_\_\_\_

TUESDAY: \_\_\_\_\_

WEDNESDAY: \_\_\_\_\_

THURSDAY: \_\_\_\_\_

FRIDAY: \_\_\_\_\_

If your child/children need to be picked up in the morning at a location other than your residence, please indicate the days of the week and the location below: Thank you.

MONDAY: \_\_\_\_\_

TUESDAY: \_\_\_\_\_

WEDNESDAY: \_\_\_\_\_

THURSDAY: \_\_\_\_\_

FRIDAY: \_\_\_\_\_

Signature: \_\_\_\_\_

Parent/Guardian

Please Print: \_\_\_\_\_

Parent Name