Spring Hill Elementary School
Transportation Change Request
Forms are accepted only on the day of the change.
PRINT in ballpoint pen; complete all appropriate information.
****Matching forms must be received from both students or the change request will not be honored, and the students will go home as usual.****

Your Student's Information:

Name:_____
First Last

Classroom Teacher:_____

Today's Date:_____

Assigned Bus # _____ or Kiss & Ride_____Walking _____

PARENT SIGNATURE required:

_____
Parent Signature

I can be reached this morning at: _____

I REQUEST THE FOLLOWING CHANGE:

MY CHILD IS BRINGING HOME THE FOLLOWING STUDENT BY SCHOOL BUS:

Name:_____Teacher:_____

***OR*____ KISS AND RIDE *OR*__Walking**

Name:_____Teacher:_____

Name:_____Teacher:_____

OR

I GIVE MY PERMISSION FOR MY CHILD TO GO HOME WITH:

Student Name:_____

Telephone Number:_____

Teacher:_____

____ BY BUS ____KISS & RIDE ____WALKING

OR

PICK UP NOTIFICATION

___ Early Release or ____ at **Dismissal Time**

Time of Pick Up:_____

Person responsible for pick-up:_____

Relationship to Student:_____

Contact Phone Number:_____

After School Activity: _____

SEND IN BOTH COPIES OF THIS FORM

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