Spring Hill Elementary School

TRANSPORTATION CHANGE REQUEST FORM

Today's Date: ______________

Student: ___________________ Teacher: ___________________

Phone Number(s) to be reached at today: ____________________________

I authorize this transportation change for my child today __________________

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1) PLEASE CHECK CHILD'S NORMAL MODE OF TRANSPORTATION HOME:

☐ BUS #______   ☐ WALK/BIKE   ☐ KISS & RIDE   ☐ LOBBY PICK-UP   ☐ SACC

2) PLEASE CHECK TODAY'S TRANSPORTATION CHANGE:

☐ BUS #______   ☐ WALK/BIKE   ☐ KISS & RIDE   ☐ LOBBY PICK-UP

OR, EARLY PICK-UP (WRITE PICK-UP TIME): ____________________________

OR, AFTER SCHOOL ACTIVITY: _______________________________________

OR,

BRINGING HOME FRIEND(S) (ALL MUST HAVE MATCHING NOTES)

1
   NAME: ___________________   TEACHER: ___________________

2
   NAME: ___________________   TEACHER: ___________________

3
   NAME: ___________________   TEACHER: ___________________

CHECK MODE OF TRANSPORTATION:

☐ BUS #______   ☐ WALK/BIKE   ☐ KISS & RIDE   ☐ LOBBY PICK-UP

OR,

GOING TO FRIEND'S HOUSE (MUST HAVE MATCHING NOTES)

NAME: ___________________   TEACHER: ___________________

CHECK MODE OF TRANSPORTATION:

☐ BUS #______   ☐ WALK/BIKE   ☐ KISS & RIDE   ☐ LOBBY PICK-UP

OR,

BRINGING HOME FRIEND(S) (ALL MUST HAVE MATCHING NOTES)

1
   NAME: ___________________   TEACHER: ___________________

2
   NAME: ___________________   TEACHER: ___________________

3
   NAME: ___________________   TEACHER: ___________________

CHECK MODE OF TRANSPORTATION:

☐ BUS #______   ☐ WALK/BIKE   ☐ KISS & RIDE   ☐ LOBBY PICK-UP

OR,

GOING TO FRIEND'S HOUSE (MUST HAVE MATCHING NOTES)

NAME: ___________________   TEACHER: ___________________

CHECK MODE OF TRANSPORTATION:

☐ BUS #______   ☐ WALK/BIKE   ☐ KISS & RIDE   ☐ LOBBY PICK-UP