SCHOOL YEAR_____-_____

BUENA REGIONAL SCHOOL DISTRICT
TRANSPORTATION CHANGE REQUEST / DECLINE FORM
(P) 856-697-0800 x8109

☐ **TRANSPORTATION CHANGE / CHILD CARE STOP**

☐ **I DECLINE BUS TRANSPORTATION AT THIS TIME AND WILL TRANSPORT MY CHILD.**

****

ATTENDING SCHOOL:_____ **GRADE:**_____

NAME OF STUDENT:_____ **DOB:**____-____-____

PHYSICAL ADDRESS:_____

Parent/Guardian 1: _____	**Parent/Guardian 2:**_____
Relationship:_____	**Relationship:**_____
Best Contact #:_____	**Best Contact #:** _____

PICKUP OR DROP OFF LOCATION OTHER THAN HOME INFORMATION

Alternate bus stops are a courtesy we're pleased to offer to assist with scheduling. **Students must be eligible for transportation (over 1 mile from school of attendance)**. The alternate address must be within the attending school boundaries and **must be five days per week**. Different am/pm stops are permitted but must also be five days per week. **Please complete one form for each child and return it to your child's school with a copy of your driver's license**. An application will not be considered complete without one and can't be processed. Processing may take up to three business days. ****Please make your child's school aware of any changes during the school year.** **

Name of Responsible Person/Establishment:_____

Physical Address:_____

Best Contact #:_____

Anticipated Start Date: _____

☐ **Transportation FROM this address** ☐ **Transportation TO this address**

I, the undersigned, for myself and on behalf of my heirs, assigns, personal representatives and next of kin, HEREBY RELEASE, INDEMNIFY AND HOLD HARMLESS the BUENA REGIONAL SCHOOL DISTRICT, its officers, officials, agent and/or employees, WITH RESPECT TO ANY AND ALL INJURY, DISABILITY, DEATH or loss or damage to the fullest extent permitted by law arising from this voluntary transportation change request form.

_____

PRINT NAME **RELATIONSHIP TO STUDENT**

_____

SIGNATURE OF PARENT/GUARDIAN **DATE**

September 1, 2021