

**Wickliffe Elementary School**  
**REQUEST FOR TRANSPORTATION CHANGE**

Complete and return this form to the main office. Please print or type. Allow three (2) school days for processing this request. A request will not be in effect until it has been processed and approved by the school administration.

STUDENT'S NAME(s): \_\_\_\_\_

SCHOOL: GRADE(s): \_\_\_\_\_

PRESENT BUS: \_\_\_\_\_ PRESENT BUS STOP: \_\_\_\_\_

CHANGE TO BUS: \_\_\_\_\_ CHANGE TO BUS STOP: \_\_\_\_\_

REQUESTED DATE(S) OF CHANGE: \_\_\_\_\_

REASON FOR CHANGE REQUEST: \_\_\_\_\_

PARENT/GUARDIAN NAME(S): \_\_\_\_\_

HOME/STREET ADDRESS: \_\_\_\_\_

DAYTIME PHONE NUMBER(S): \_\_\_\_\_

CELL PHONE NUMBER(S): \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

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

NAME OF PERSON STUDENT STAYING WITH: \_\_\_\_\_

HOME/STREET ADDRESS: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

CELL PHONE NUMBER(S): \_\_\_\_\_