

BERNAILILLO PUBLIC SCHOOLS TRANSPORTATION  
DEPARTMENT  
FAX: 867-7806

To: Transportation Department  
From: Parents  
Subject: **Change in Drop-Off or Pick Up Form**

When **any changes** need to be made for a Student who currently is riding a school bus, the Parents shall request such a change in writing at least **TWO (2) DAYS** prior to the date of change. **This form must be filled out completely.**

**Phone calls will NOT be accepted.**

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent Names: \_\_\_\_\_

Hm. Ph. #: \_\_\_\_\_ Cell Ph. #: \_\_\_\_\_ Fax #: \_\_\_\_\_

Address: \_\_\_\_\_

Student current Bus #: \_\_\_\_\_ Current Bus Stop: \_\_\_\_\_

Request permission to ride Bus #: \_\_\_\_\_ Bus Stop: \_\_\_\_\_

**My child will be: Picked up: \_\_\_ Dropped off: \_\_\_ Picked up and Dropped Off: \_\_\_**

Caretaker's Name: \_\_\_\_\_

Caretaker's Address: \_\_\_\_\_

**Reason for Change?** \_\_\_\_\_

Beginning Date Requested: \_\_\_\_\_ Ending Date or School Year: \_\_\_\_\_

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

\_\_\_\_\_  
Transportation Supervisor/Designee Approval

\_\_\_\_\_  
Date