## FAIRFIELD TOWNSHIP SCHOOL DISTRICT BUS STOP CHANGE REQUEST FORM

The Fairfield Township School District realizes the importance of families needing to make bus change requests to and/or from school for childcare purposes, but wants to be sure that the safety of our children comes first. We feel that providing our students with a clear and consistent bus routine is the best way to ensure that our staff and drivers are correctly assisting those students riding a bus to arrive at their proper destination. With that in mind, the Fairfield Township Board of Education has approved the following procedure concerning requests to change a child's bus stop.

Requests to change that bus stop for a child's AM pickup and/or PM drop off must be submitted on this form. Any changes for a bus stop must be the same stop 5 days a week for either AM or PM.

Parents will receive a notification date when the bus change request will take effect. If a request cannot be honored due to a bus being too full, an unsafe stop location, etc., you will be notified via a phone call.

Student Name:		Grad	Grade:Teacher:				
Student Name:		Grad	le: Teach	ner:			
Student Name:		Grad	le: Teach	ner:			
REASON FOR CHANGE: [	OID YOU MOVE?	YES OR	NO / CH	ILDCARE?	YES OR	NO	
Circle one:	AM Change	PM C	nange or	вотн (а	M & PM)		
Current AM Pick-Up Address: _				City:			
New AM Pick-Up Address:				City:			
Current PM Drop-off Address: _				City:			
New PM Drop-off Address:							
Parent/Guardian Name (Printe							
Parent/Guardian Signature:			Da <sup>-</sup>	te:			
Home Phone:	Cell:			Work:			
You will receiv	e a written n	otice who	en the bu	ıs pass i	s availal	ole.	
Office Use Only:							
Date Received:	Change Effective:						