

SPECIAL REQUEST TRANSPORTATION FORM
CENTRAL COLUMBIA SCHOOL DISTRICT
4777 OLD BERWICK ROAD • BLOOMSBURG, PA 17815
570-784-2850

CHILD'S NAME _____ SCHOOL _____

HOME ADDRESS _____ GRADE _____

AFTER APPROVAL, THERE WILL BE A 3 DAY WAITING PERIOD TO IMPLEMENT THE CHANGE

PARENT/GUARDIAN ADDRESS _____ HOME PHONE _____

WORK PHONE _____

ARRANGEMENTS REQUESTED

DATE TO BEGIN _____ SCHOOL YEAR 20____ - 20_____

1 Children may ride one bus to school and another home. Must be for 5 days a week

2 Please note that Special Request arrangements:

Parent/Guardian Signature _____ Print _____ Date _____

Do you have sole custody of student(s)? Y _____ N _____ If no, signature of others with custody is required.

Signature

RETURN BY JULY 15th *This request does not guarantee approval nor will a bus route be changed for this purpose. See policy on reverse.*

APPROVED _____ BUS # _____

DATE _____ STOP _____ APPROXIMATE PICK-UP TIME _____

NOT APPROVED _____ DATE _____

REASON _____

Signature Transportation Supervisor