

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 _____

DATE _____

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.
2. Please note that Special Request arrangements:

**Must be for 5 days a week
and the entire school year.**

Parent/Guardian 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 # _____

APPROXIMATE PICK UP TIME

DATE _____ STOP _____

NOT APPROVED _____ DATE _____

REASON _____

Signature Transportation Supervisor