



Maybeury Elementary School

Transportation Change Form

This form must be completed each time a change in transportation is needed for any student. Print, complete and submit the form by sending with your child on the day of the change, or prior notification is appreciated. We do not allow change of dismissal over the telephone, email or fax notifications. This procedure is for your child's safety and is the policy of HCPS.

Today's Date: _____

Student's Name: _____

Teacher: _____ Grade: _____

Date of Transportation Change: _____ Specify the days of the week, if applicable. M T W TH FR

Beginning Date: _____ Ending Date: _____

IS THIS A PERMANENT CHANGE?

YES

NO

Student will be changing to: (Please select one)

CAR RIDER

WALKER

BUS RIDER (Bus #) _____ OR (Color) _____

Stop Address: _____ Riding with Friend (name): _____

After School Care – Name of Provider: _____

STAYING AFTER SCHOOL (Reason/Teacher) _____

Change requested by: (Please Print) _____

Signature: _____

Contact Number – _____