

Millburn C. C. School District 24
Request for Transportation Change



Instructions: Changes will only be accepted using this form which can be brought to school or faxed to 847-356-9722. The requested address change must be within the Millburn School District boundaries in order for bus transportation to be provided. Changes will only be accepted on a monthly basis and must be received by the 25th of the month to be effective the first school day of the following month. This request is subject to approval by the Transportation Department

Student's Name:	Grade:
Home Address:	
Effective Date of Change:	

<input type="checkbox"/> MY CHILD WILL NOT RIDE THE BUS TO OR FROM SCHOOL.

Child Care Information

Pick up at: ☐ Home (check days of the week)

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
---------------------------------	----------------------------------	------------------------------------	-----------------------------------	---------------------------------

Pick up at: ☐ Child Care Provider (check days of the week)

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
---------------------------------	----------------------------------	------------------------------------	-----------------------------------	---------------------------------

Name of Child Care Provider:	
Address:	Phone:

Drop off at: ☐ Home (check days of the week)

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
---------------------------------	----------------------------------	------------------------------------	-----------------------------------	---------------------------------

Drop off at: ☐ Child Care Provider (check days of the week)

<input type="checkbox"/> Monday	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Thursday	<input type="checkbox"/> Friday
---------------------------------	----------------------------------	------------------------------------	-----------------------------------	---------------------------------

Name of Child Care Provider:	
Address:	Phone:

-
- I understand that my child will not be permitted to ride the bus at any time unless a form has been completed and kept on file with the Transportation Department.
 - My child and I are/will be aware of the bus regulations (which is attached and also in the *Parent/Student Handbook*) as well as the disciplinary action for rule violations.

Parent/Guardian Signature:	Printed Name:	Date:
----------------------------	---------------	-------