

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. Once this form is received, the requested change will be made in three (3) school days. This request is subject to approval by the Transportation Department.

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

**PICK UP AT:**

HOME

CHILD CARE PROVIDER

NO BUS SERVICE NEEDED – student to be driven by parent or childcare provider

\*Name of Child Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

**DROP OFF AT:**

HOME

CHILD CARE PROVIDER

NO BUS SERVICE NEEDED - student to be picked up by parent or childcare provider.

\*Name of Child Care Provider \_\_\_\_\_ Phone \_\_\_\_\_

Address \_\_\_\_\_

***\*Any childcare provider must be within the Millburn School District boundaries in order for bus transportation to be provided.***

❖ 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 aware of the bus regulations (which are found in the *Parent/Student Handbook*) as well as the disciplinary action for rule violations.

Parent/Guardian Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_