

SCHOOL NAME : _____

**NOTICE OF PERMANENT CHANGE OF ADDRESS FOR
BUSSING (*MORE THAN 30 DAYS*)**

DATE: _____ **TIME:** _____

STUDENT NAME: _____ **GRADE:** _____

AT THE REQUEST OF MOTHER: _____ **FATHER:** _____ **OTHER:** _____

REASON FOR REQUEST: _____

START DATE: _____

ADDRESS REQUESTED:

ADDRESS REQUESTED:

FOR A.M. PICK UP

FOR P.M. DROP OFF

PARENT/GUARDIAN NAME

PARENT/GUARDIAN SIGNATURE

PRINCIPAL NAME

PRINCIPAL SIGNATURE

TO BE FAXED TO THE CONSORTIUM (705-945-5670) FOR COMPLETION AND FAXED BACK TO SCHOOL

ASSIGNED AM. STOP :	ASSIGNED P.M. STOP :
A.M. ROUTE # :	P.M. ROUTE # :
APPROX. P/U TIME :	APPROX. D/O TIME :
TRANSPORTATION OFFICER :	SIGNATURE :

**REQUEST MUST BE MADE AT LEAST 48 HOURS (2 BUSINESS DAYS) BEFORE
THE CHANGE IS TO OCCUR**

