



CLEVELAND HEIGHTS-UNIVERSITY HEIGHTS CITY SCHOOL DISTRICT  
DEPARTMENT OF BUSINESS SERVICES

REQUEST FOR CHANGE IN TRANSPORTATION NEEDS

PLEASE PRINT !!!

I hereby request a change in transportation needs for the current \_\_\_\_\_ school year for the student whose name and information is listed below:

STUDENT INFORMATION:

Special Education Student: YES NO  
(CIRCLE ONE)

Students Name: \_\_\_\_\_ Grade Level: \_\_\_\_\_

School of Attendance: \_\_\_\_\_ Teacher's Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

EMERGENCY INFORMATION:

Parent/Guardian: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Emerg. Number: \_\_\_\_\_

The following change in pickup/dropoff location is requested.

CIRCLE ONE:

- 1) A.M Pickup from Daycare/Sitter's location/To School Only
- 2) P.M Dropoff From School to Daycare/Sitter's Location Only
- 3) AM/PM Pickup & Dropoff from Daycare/Sitter's Location Daily

Name of Daycare Facility/Sitter: \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_

PLEASE CIRCLE THE DAY(S) YOU WISH TO HAVE THIS SERVICE PROVIDED:

DAILY MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY

UNLESS OTHERWISE INDICATED IN WRITING, WE MUST ASSUME THAT THIS REQUEST WILL BE UNTIL FURTHER NOTICE. THIS REQUEST WILL BE IN EFFECT FOR THE CURRENT SCHOOL YEAR ONLY.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

FOR TRANSPORTATION DEPARTMENT USE ONLY:

Change Current Route/Stop Location to be:

AM Route \_\_\_\_\_ Time \_\_\_\_\_ Stop Location \_\_\_\_\_

PM Route \_\_\_\_\_ Time \_\_\_\_\_ Stop Location \_\_\_\_\_

INFORMATION GIVEN TO:

DRIVER(S): \_\_\_\_\_ DATE: \_\_\_\_\_