*FILL OUT ONLY IF THERE IS AN ALTERNATE PICK UP OR DROP OFF ADDRESS

KINGS LOCAL SCHOOL DISTRICT KINGS / PETERMANN BUS BUS CHANGE FORM

All of our students are automatically assigned their home addresses for bus purposes both for being picked up to come to school and for being dropped off after leaving each day. If this is not correct for your child, please fill in the correct information below and return this form to the child's school office.

A one-time bus change (changes for one day or one week, etc.) must be approved by attended school office. These exceptions must demonstrate a situation beyond the control of the parents. A special bus pass for that day/week will be issued.

PLEASE NOTE: When completing this form, the address for pick up and the address for drop off may be different, but **MAY NOT BE CHANGED FROM DAY TO DAY**. Changes required 48 hours for the new location to take effect.

Thank You.

CHILD'S NAME	SCHOOL				
CHILD'S HOME ADDRI	ESS				
** * PHONE NUMBER (s) WHERE YOU MAY I	BE REACHED:			
WORK:	НОМЕ:	CELL:			
** PICK UP ADDRESS:					
** DROP OFF ADDRES	S:				
*** DATE CHANGE WI	LL START:				
** DAYCARE PROVIDE	E R	PHONE:			

PLEASE RETURN THIS FORM TO THE SCHOOL YOUR CHILD ATTENDS