

**PINE GROVE AREA SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT**

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**TRANSPORTATION CHANGE FORM**

This form must be used for requests to permanently change transportation assignments.

Date \_\_\_\_\_ Grade \_\_\_\_\_ Student ID # \_\_\_\_\_

Child: \_\_\_\_\_ Homeroom/Teacher \_\_\_\_\_  
          First Name                      Last Name

I am requesting a permanent change for transportation assignment as follows:

**Please list the complete address for the locations.**

◇ AM Pickup Location: \_\_\_\_\_

◇ Every Day      ◇ Specific Days (Please List) \_\_\_\_\_      ◇ Schedule Attached

◇ PM Drop off Location: \_\_\_\_\_

◇ Every Day      ◇ Specific Days (Please List) \_\_\_\_\_      ◇ Schedule Attached

**All transportation requests must be submitted at least three (3) days in advance.**

**Reason for Change:** \_\_\_\_\_

**Effective Date of Permanent Change:** \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

I can be reached during the day at telephone # \_\_\_\_\_