

MT. VERNON COMMUNITY SCHOOL CORPORATION

BUS CHANGE FORM

CHILD'S NAME: \_\_\_\_\_

SCHOOL: (please circle) FES MES MCE MVMS MVHS

REQUEST FOR ONE DAY CHANGE ONLY:

Request to take:

BUS # \_\_\_\_\_ to \_\_\_\_\_ on \_\_\_\_\_  
Address student will be going to. Date

If there is a problem, you may reach me at \_\_\_\_\_  
Parent/Guardian Phone #

REQUEST FOR TEMPORARY CHANGE:

Request to take:

BUS# \_\_\_\_\_ to \_\_\_\_\_  
Address student will be going to.

Contact Person \_\_\_\_\_ Phone# \_\_\_\_\_

STARTING DATE \_\_\_\_\_ ENDING DATE \_\_\_\_\_

Reason for request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature Today's Date

Building Principals Signature Today's Date

Bus Driver's Signature Today's Date

Directions:

- Send this note to school with your child if he/she is to take a different bus to an address other than the home address.
- Students may not ride a bus other than their own unless all parties have signed this.