



School District of Okeechobee County
Transportation Department

863-462-5146

3150 NW 10th Terrace
Okeechobee, Florida 34974

Fax 863-462-5361

Supervisor
Nicole Havee
Executive Secretary
Sandra Bass
Routing Specialist
Marie Snowden
Safety/Trainer
Jerri Lynn Tope



**IF YOUR CHILD NEEDS TO RIDE THE BUS TO
OR FROM A STOP THAT IS NOT YOUR
ASSIGNED BUS STOP**



**NOTE: This stop must be used every day and be in
your attendance zone**



This form must be completed annually by parent.
REQUEST FOR BUS STOP THAT IS NOT YOUR ASSIGNED BUS STOP

Name of Student: _____

School Attended: _____

Home Address: _____

Desired Pick up Address in AM: _____

Desired Drop Off Address in PM: _____

Parent Name (printed)

Parent Signature

NOTE: Please allow 3 days for any changes in bus stop to be approved by the Principal and authorized by Transportation.

School Authorization _____ Date: _____
Signature

SCHOOL MUST FORWARD TO TRANSPORTATION OFFICE

AM Bus Route # _____ Time _____ AM Bus Stop Location _____

PM Bus Route # _____ Time _____ PM Bus Stop Location _____

Transportation Authorization _____ Date: _____
Signature

Approved / Date _____ Denied / Reason _____

**Please Note: Up to 3 days may be required for the Transportation staff to
authorize any change and to inform driver of such changes**

Achieving Excellence: Putting Students First



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**SI SU NIÑO NECESITA MONTAR EL AUTOBÚS
A O DE UNA PARADA QUE NO ES SU PARADA
DE AUTOBÚS ASIGNADA**



**NOTA: Esta parada debe ser utilizada todos los
días y estar en su zona de asistencia**



Este formulario debe ser completado anualmente por el padre.

SOLICITUD DE PARADA DE AUTOBÚS QUE NO ES SU PARADA DE AUTOBÚS ASIGNADA

Nombre de estudiante: _____

Asistido a la escuela: _____

Dirección de casa: _____

Dirección de recogida deseada en AM: _____

Dirección de desconexión deseada en PM: _____

Nombre del padre (impreso)

Firma de los padres

NOTA: Por favor espere 3 días para que cualquier cambio en la parada de autobús sea aprobado por el Director y autorizado por Transporte.

School Authorization _____ Date: _____

Signature

SCHOOL MUST FORWARD TO TRANSPORTATION OFFICE

AM Bus Route # _____ Time _____ AM Bus Stop Location _____

PM Bus Route # _____ Time _____ PM Bus Stop Location _____

Transportation Authorization _____ Date: _____

Signature

Approved / Date _____ Denied / Reason _____

Nota: Se puede requerir hasta 3 días para que el personal de Transporte autorice cualquier cambio e informe al conductor de dichos cambios

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