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| **Superintendent**Ken Kenworthy. | **Okeechobee County School Board**863-462-5000 700 S.W. Second Avenue Fax 863-462-5213SUNCOM 761-5000 Okeechobee, Florida 34974 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Chairperson**Kelly Owens**Vice Chairperson**David Williams**Members**Joe ArnoldGay CarltonIndia Riedel |

**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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired Pick Up Address in AM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Desired Drop Off Address in PM: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

 Parent Name (Printed) Parent Signature

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

**School to Complete:**

**BUS ROUTE # AND BUS STOP LOCATION:**

AM Bus Route # \_\_\_\_\_\_\_\_\_\_ AM Bus Stop Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PM Bus Route # \_\_\_\_\_\_\_\_\_\_ PM Bus Stop Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School authorization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

*SCHOOL MUST FORWARD TO TRANSPORTATION OFFICE.*

*Please note: Up to 3 days may be required for Transportation staff to authorize any change and to inform driver.*

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| **Superintendent**Ken Kenworthy | **Okeechobee County School Board**863-462-5000 700 S.W. Second Avenue Fax 863-462-5213SUNCOM 761-5000 Okeechobee, Florida 34974 **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** | **Chairperson**Joe Arnold**Vice Chairperson**Kelly Owens**Members**Gay CarltonIndia RiedelDavid Williams |

**SI SU HIJO/A NECESITA TOMAR UN BÙS DE/Ò HACIA UNA PARADA QUE NO ES LA QUE TIENE ASIGNADA, FAVOR LLENAR EL SIGUIENTE FORMATO**

 ***Nota: esta parada es la que èl/ella debe usar cada dìa y debe de estar en la zona escolar a la que su hijo/a pertenece.***

**Para ser Completada por los Padres:**

**SOLICITUD DE CAMBIO DE PARADA DE BÙS A OTRA QUE NO ES LA QUE TIENE ASIGNADA**

Nombre del Estudiante: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Escuela a la que asiste: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direcciòn donde tomarà el bùs en la mañana: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Direcciòn donde lo dejarà el bùs en la tarde: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Nombre de los Padres (Letra de Molde)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Firma de los Padres\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*Nota: Por favor permita 3 días para cual quier cambio de parada del autobús que sea aprobado por el Principal o que sea autorizado por sistema de Transporte.*

**Para ser Completada por la Escuela:**

**School to Complete:**

**BUS ROUTE # AND BUS STOP LOCATION:**

AM Bus Route # \_\_\_\_\_\_\_\_\_\_ AM Bus Stop Location \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PM Bus Route # \_\_\_\_\_\_\_\_\_\_ PM Bus Stop Location\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School authorization\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Signature

*SCHOOL WILL FORWARD TO TRANSPORTATION OFFICE OR GIVE TO BUS DRIVER*

*Please note: Up to 3 days may e required for Transportation staff to authorize any change and to inform driver.*

*Por favor note: 3 días seran requeridos para que el Director de Transporte autorize cambíos y para informar al chofer.*