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

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