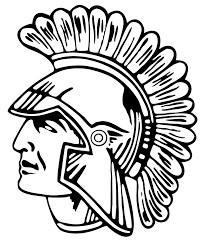
**CENTRAL LAKE PUBLIC SCHOOLS**

**STUDENT TRANSPORTATION**

**REQUEST or ROUTE CHANGE**

If your home is outside the village limits, he or she may be eligible for bus transportation. Here is the first step. Please fill out this form. Once the Transportation Department receives this completed form, you will receive a phone call or email notification. School of choice transportation is not available.

School Year: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Please allow 3 days for processing request**

|  |  |  |  |
| --- | --- | --- | --- |
| Student Name: | | | Grade: |
| Current Date: | | Start Date: | |
| Home Address: | | | |
| Cell Phone: | | Work Phone: | |
| Home Phone: | | Email: | |
| Should the driver be aware of any health concerns your student has: YES NO | | | |
| If yes, please explain: | | | |
|  | | | |
|  | | | |
| **BUS ROUTE REQUEST OR CHANGE** | | | |
|  | My child is NOT riding the CLPS school bus and I am requesting to have him/her added. | | |
|  | My child presently rides the CLPS school bus and I am requesting the following changes: | | |
|  | | | |
|  | | | |
|  | | | |
|  | | | |
| Parent Signature: Date: | | | |

**Students are allowed to have only one pick up location and one drop off location.**

\*The locations must be within the district boundaries,

\*Location may be either home or day care.

\*The district does not allow for day varying pick up and drop of locations or extra riders.

**FOR OFFICIAL USE**

Date Received:\_\_\_\_\_\_\_ Scheduled:\_\_\_\_\_ Date:\_\_\_\_\_\_

Notified parent/guardian:\_\_\_\_\_\_\_ Bus number:\_\_\_\_\_\_

CENTRAL LAKE PUBLIC SCHOOLS teal@centrallake.org

*Please allow up to 3 days for processing*