## CENTRAL LAKE PUBLIC SCHOOLS STUDENT TRANSPORTATION REQUEST or ROUTE CHANGE



If your home is more than 1.5 miles from the school, 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:

| Stude                       | ent Name:  | Grade:                                      |  |
|-----------------------------|--|---|--|
| Current Date:               |  | Start Date:                                 |  |
| Home                        | : Address:   |   |  |
| Cell Phone:                 |  | Work Phone:                                 |  |
| Home Phone:                 |  | Email:                                      |  |
| Shou                        | d the driver be aware of any health cor  | cerns your student has: YES NO              |  |
| If ye                       | s, 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 t  | pick up location and one drop off location. |  |
|                             | Students are anowed to have only one p   | onex up location and one drop of flocation. |  |
|                             | *The locations must be within the distric  | t boundaries.                               |  |
|                             | *Location may be either home or day care.  |   |  |
|                             | *The district does not allow for day varying pick up and drop of locations.            |   |  |
|                             | , ,  |   |  |
|                             | FOR OFFICIAL USE   |   |  |
|                             | Date Received:S  | Scheduled: Date:                            |  |
|                             | Notified parent/guardian   | Bus number:                                 |  |
|                             | CENTRAL LAKE PUBLIC SO   | CHOOLS <u>Teal@clps.k12.mi.us</u>           |  |
|                             | Planas allamina  | to 3 days for processing                    |  |
|                             | Please allow up to 3 days for processing   |   |  |