



Transportation Department

6370 Cox Lane

Lesage, WV 25537

Telephone (304)733-3015 Fax (304)733-3030

REQUEST FOR CHANGE IN BUS ASSIGNMENT

_____ *Date*

I am requesting permission for my son/daughter, _____

Name of Student

to ride bus # _____ to _____

(Address)

from _____ school. My child will be received

by _____, phone # _____, who

Name of Care Giver

will accept responsibility for his/her care at that time.

This request remains in effect from _____ to _____.

Date

Date

This request is necessary due to:

During the time of transport I may be reached at _____, _____

Location

Phone

Parent Signature

Permanent Address

Home Phone

Approved _____

Denied _____

Transportation Director