

KENOSHA UNIFIED SCHOOL DISTRICT NO. 1
3600 52nd Street
Kenosha, WI 53144-2697
FAX 262-653-6051

Parent Request for Transportation Change
(For Special Education Students Only)

Student Name: _____ Parent/Guardian: _____

School: _____ Grade: _____ EEN Status: _____

Please change my child's school bus transportation as follows:

Date from: _____ Date through: _____

Pick-up Address: _____

Person/Site Responsible: _____

Telephone: _____

Drop-off Address: _____

Person/Site Responsible: _____

Telephone: _____

If this is only a temporary change, please give the reason:

Telephone where I may be reached during the day: _____

A student eligible for transportation may be picked up and/or dropped off at a point other than the home residence as long as that pick-up and drop-off point is the same every day of the week. Contact Special Education Transportation at **653-5950** as soon as you know the change will be needed, since Laidlaw Transit may require up to three working days to implement the change. This signed form must be returned to the following address **before** the three day period begins. This form is also available at your child's school or at the District offices at the above address.

Parent/Guardian Signature: _____

Date: _____