



Child's Name _____
 Grade _____ Teacher _____
 This schedule will begin on _____ Date _____
 (Please complete a separate form for each child)

ELMER THIENES-MARY HALL SCHOOL

REQUEST FOR LONG TERM BUS SCHEDULE CHANGE

The school assumes that school bus transportation will be to and from the child's home address. Bus transportation may be adjusted to meet specific needs on the following basis. Long-term daycare must be for a period of at least three months. Please note that per Board of Education policy, approval of this request is contingent upon available bus space. Preference is given to those students who reside on the bus route. Therefore, a student who has been approved to ride a bus for daycare purposes may have this permission revoked at any time if space is needed to accommodate any new students on that route.

Signed parental permission is required in order to transport a child to any address other than the home address.

Date of Request _____

DAYCARE PROVIDER - IMPORTANT INFORMATION:

Daycare Provider's Name	House #	Street Name	Daycare Phone #
_____	_____	_____	_____

Description of daycare provider's house (color, style, etc.):

SCHEDULE SPECIFICS (please indicate appropriate information below)

Important: Your child must be on the SAME bus Monday through Friday in the morning and the SAME bus Monday through Friday in the afternoon. Children may not ride one bus to or from daycare on some days and another bus to or from home on other days. Children may ride one bus in the morning and a different one in the afternoon.

Before school, my child will be:

_____ picked up at home by Bus # _____	M	Tu	W	Th	F
_____ picked up at daycare by Bus # _____	M	Tu	W	Th	F
_____ at MECCA	M	Tu	W	Th	F
_____ driven to school	M	Tu	W	Th	F

After school, my child will:

_____ go home on Bus # _____	M	Tu	W	Th	F
_____ go to daycare on Bus # _____	M	Tu	W	Th	F
_____ go to MECCA*	M	Tu	W	Th	F
_____ Be picked up by parent or parent designee	M	Tu	W	Th	F

Parent designee(s) who may pick up child _____

***ONLY FOR MORNING KINDERGARTEN CHILDREN ATTENDING AFTERNOON MECCA:**
 My child will be attending the afternoon MECCA kindergarten program and will then take afternoon elementary school bus # _____ to _____.

Does this schedule apply Monday through Friday? YES NO

(If no, please give specifics below)

Signature of parent/guardian _____ Home address: _____
 Home Phone: _____ Work Phone: _____