

# KOKOMO SCHOOL CORPORATION

## REQUEST FOR BUSING OR CHANGE IN BUSING

TODAY'S DATE: \_\_\_\_\_

SCHOOL (circle one): KHS MCK BAM CMS MCM DCELC/Head Start  
BAE BOU EHE LPE MCE PPE SYE WAL

STUDENT NAME: \_\_\_\_\_ SPED: Yes No

PERSON REQUESTING CHANGE: \_\_\_\_\_

RELATIONSHIP TO STUDENT: \_\_\_\_\_

**TYPE OF BUS REQUEST**                      **ADDRESS REQUESTED** (must be in school boundary)

New Student Enrollee \_\_\_\_\_ AM PM

Permanent Change of Address \_\_\_\_\_ AM PM

Temporary Change of Address \_\_\_\_\_ AM PM

Reason for temporary change: Babysitter    Child Care Center    Family Member

Other: \_\_\_\_\_

### SCHOOL APPROVER INFORMATION

Administrator Name: \_\_\_\_\_ Signature: \_\_\_\_\_

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FOR TRANSPORTATION USE BELOW LINE

**OLD BUS:** AM \_\_\_\_\_ PM \_\_\_\_\_

### NEW/TEMPORARY BUS STOP INFORMATION

AM Bus \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

PM Bus \_\_\_\_\_ Time \_\_\_\_\_ Location \_\_\_\_\_

**START DATE FOR NEW STOPS:** \_\_\_\_\_

*Once approved and a bus stop assigned by Transportation Services, this completed form will be returned to the school for notification by the school to the family and student.*