

**NATHAN HALE-RAY MIDDLE SCHOOL
REQUEST FOR BUS CHANGE**

Date: _____

To: The Principal

Re: **A.M. (Morning)** request for alternative student transportation is to apply five days a week and can be changed (other than to home) only once and only as established transportation routes and seating is available.

Name of child/children _____ Grade _____ Teacher _____
_____ Grade _____ Teacher _____

Home Address (include house #) _____

Bus change: Day Care Provider _____ Phone _____

Day Care Provider's address (include house #) _____

Reason for request _____

Date of route change _____ Request approved _____ Request denied _____

I further attest that the location is not within the established walking distance to the school for the grade level of the children listed.

Parent Signature _____ Date _____

Re: **P.M. (Afternoon)** request for alternative student transportation is to apply five days a week and can be changed (other than to home) only once and only as established transportation routes and seating is available.

Name of child/children _____ Grade _____ Teacher _____
_____ Grade _____ Teacher _____

Home Address (include house #) _____

Bus change: Day Care Provider _____ Phone _____

Day Care Provider's address (include house #) _____

Reason for request _____

Date of route change _____ Request approved _____ Request denied _____

I further attest that the location is not within the established walking distance to the school for the grade level of the children listed.

Parent Signature _____ Date _____

Board of Education approved walking distance: Grades K thru 4th up to 1 mile
Grades 5th thru 8th up to 1.5 miles
Grades 9th thru 12th up to 2 miles