

MT. VERNON COMMUNITY SCHOOL CORPORATION
BUS CHANGE FORM

CHILD'S NAME: _____

SCHOOL: (please circle) **FES** **MES** **MCE** **MVMS** **MVHS** _____

REQUEST FOR ONE DAY CHANGE ONLY:

Request to take:

BUS# _____ to _____ on _____
Address student will be going to. Date

If there is a problem, you may reach me at:

Parent/Guardian Phone #

REQUEST FOR TEMPORARY CHANGE:

Request to take:

BUS# _____ to _____ on _____
Address student will be going to.

Contact
Person _____ Phone# _____

STARTING
DATE _____ ENDING DATE _____

Reason for request:

Parent/Guardian Signature Today's Date

Building Principals Signature Today's Date

Bus Driver's Signature Today's Date

Directions:

- Send this note to school with your child if he/she is to take a different bus to an address other than the home address.
- Students may not ride a bus other than their own unless all parties have signed this form.