OXFORD AREA SCHOOL DISTRICT BUS ASSIGNMENT FORM

PLEASE COMPLETE ONE FORM FOR EACH CHILD NEEDING TRANSPORTATION.

Students are assigned to a permanent bus stop closest to their residence, unless parents or guardian request a different stop due to childcare arrangements. Parents may make special transportation requests by completing this form and submitting the form to the school secretary or principal at least ten (10) school days prior to the requested date of the change. Parents will be informed of response by phone and/or returned form. Changes requests are subject to the following guidelines:

1. Change of bus to another route, when there is time within that route, there is room on that bus and the pattern is the same each day of the week. **Example: morning bus to school is different from afternoon bus going home.**
2. Non-permanent change in bus assignments will only be approved to aid families with medical emergencies or death in the family.

Parents requesting a new bus location due to moving to a new residence should follow the above procedure and also produce proof of residency for the new residence. Please refer to the **Documents Needed to Register Form** in the enrollment packet or on www.oxford.k12.pa.us for types of documents that will provide proof of residency.

REQUEST FOR TRANSPORTATION TO/FROM CHILD'S RESIDENCE – NEW STUDENT

Child's Name: _____ Grade: _____

Home Address: _____

_____

Home Phone: _____ Work Phone: _____

Parent/Guardian Signature: _____ Date: _____

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REQUEST FOR TRANSPORTATION TO/FROM CHILD'S BABYSITTER OR TO CHANGE BUS STOP

Child's Name: _____ Grade: _____ School: _____

New Home Address: _____

_____

Previous Home Address: **(only needed if you have moved within the District)**

_____

_____

Home Phone: _____ Work Phone: _____

I am requesting that this child be **PICKED UP** at the stop closest to the following address:

_____

I am requesting that this child be **DROPPED OFF** at the stop closest to the following address:

_____

Babysitter Name: _____ Phone: _____

Reason for Request: _____

Requested Date of Change: _____

(PLEASE NOTE: THIS FORM MUST BE SUBMITTED AT LEAST TEN (10) DAYS PRIOR TO THE START DATE)

Parent/Guardian Signature: _____ Date: _____

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TRANSPORTATION INFORMATION:

New Bus # _____ Stop _____ Time _____ AM

New Bus # _____ Stop _____ Time _____ PM

NOTIFICATION TO: BUS DRIVER SCHOOL PARENT