

**OXFORD AREA SCHOOL DISTRICT  
REQUEST FOR TRANSPORTATION  
\*\*\*CHANGE IN TRANSPORTATION\*\*\***

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Phone: \_\_\_\_\_

If you are moving within the District, you must provide two (2) proofs of residency to the Administration Building. Acceptable proof of residency is documented on the School District Website. Requests will not be processed until proof of residency is received.

<b>Request to Change Transportation</b>
Reason for Requested Change: _____
Requested Date of Change: _____
Previous Bus # _____
If Moving, Previous Home Address: _____
<b>Transportation TO School:</b>
_____ Assign stop closest to home address
_____ Assign stop closest to the following address for child care:
Address: _____
Name of Care Giver/Daycare: _____
Phone: _____
<b>Transportation FROM School:</b>
_____ Assign stop closest to home address
_____ Assign stop closest to the following address for child care:
Address: _____
Name of Care Giver/Daycare: _____
Phone: _____

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please allow ten (10) days to process request.**

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Office Use Only:

Bus # \_\_\_\_\_ Stop \_\_\_\_\_ Time \_\_\_\_\_ am

Bus # \_\_\_\_\_ Stop \_\_\_\_\_ Time \_\_\_\_\_ pm