

**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.

Request to Change Transportation

Reason for Requested Change: _____

Requested Date of Change: _____

Previous Bus # _____

If Moving, Previous Home Address: _____

Transportation TO School:

_____ Assign stop closest to home address

_____ Assign stop closest to the following address for child care:

Address: _____

Name of Care Giver/Daycare: _____

Phone: _____

Transportation FROM School:

_____ 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.

Office Use Only:

Bus # _____ Stop _____ Time _____ am

Bus # _____ Stop _____ Time _____ pm