

Non-Instructional Operations

Routes and Services (Transportation)

PLYMOUTH BOARD OF EDUCATION
TRANSPORTATION CHANGE REQUEST

Student Name: _____

Parent/Guardian Name: _____

Address: _____

Phone Number: _____

School: _____ Grade: _____

Present Bus Stop: _____

Requested Change: _____

Reason for Request: _____

Length of Change: _____ months _____ days

Beginning Date: _____ Ending Date: _____

Date: _____ Parent/Guardian: _____

Signature

Note Submission Date: _____

Long Term (over one month) – 30 days prior to starting date

Short Term (less than one month) – 10 days prior to starting date

**Return to: Plymouth Board of Education
77 Main Street
Terryville, CT 06786**

Fax: 860-585-4011

Note: This form must be completed and filed with the Business Office in June of each school year for bus assignment consideration in the following school year. Only requests for transportation within child’s regular school district can be accommodated.

