

TRANSPORTATION APPROVAL / CHANGE NOTICE

Temporary Change

Permanent Change

Child's Name:

Route #:

Program Name:

Session:

Child's School District / OSC Name

School Year: (Fall 2021-22,
or Summer 2021)

Reason for Change in Transportation: *(Please check all that apply)*

| CHILD'S INFORMATION | | PROGRAM / SERVICE INFORMATION | | SPECIAL ALERTS / OTHER | |
|---------------------|--|-----------------------------------|---|------------------------|--|
| | New Student | | Change in Center Base Program: From: | | Hold Transportation* |
| | Change in home/legal address: From: | | To: | | Discharge/Termination* Last day child used bus: |
| | To: | | Change in Days / Sessions Times: From: | | Changing to Bus Transportation |
| | Permanent Change in Pick-Up location | | To: | | Changing to Parent Transportation* |
| | Permanent Change in Pick-Up location | MEDICAL ALERTS & NEEDS | | | Moved out of District: Effective Date: New District: |
| | Updated List of Authorized Persons / Emergency Contacts | | Child will require a nurse | | Temporary / Emergency Change* <i>(specify below)</i> |
| | | | Child will require a 1:1 monitor | | |
| | Change in Seating Type (Specify): From: | | Child will require a wheelchair bus | | Other <i>(specify below)</i> |
| | To: | | | | |

Start Effective Date:

Comments/Other: (Details of change being made, such as, reason and length of transportation hold, address, phone numbers, session times, etc.)

Resume Regular Transportation Date:

School District signature is required to validate this form. Permanent changes in Preschool transportation will not be submitted for routing until this form is signed by the child's school district and returned to our office (with an updated F1 – District Approval form, if necessary) to approve the change. **Center Base Program Staff signature only required IF the form is completed at the program by the legal guardian.**

Note: All items listed above, except those marked with an asterisk

Early Intervention: Permanent changes in Early intervention transportation require OSC's signature, F-36 Early Intervention Request Form, and an F6 – Emergency Contacts & Authorization Form in addition to this form.

Center Base Program Staff/ OSC Signature:

Date:

CPSE Chair / District Staff Signature:

Date:

Prismatic / SBL Representative Signature:

Date: