

PEMBROKE CHANGE IN TRANSPORTATION FORM

(To be completed if pick up and/or drop off location is changing)



Pembroke Bus Garage 585-599-4525 Ext. 2971
High School Ext. 1925, Intermediate School Ext. 2910, Primary School Ext. 3910

**ALL TRANSPORTATION CHANGES WILL TAKE EFFECT TWO WEEKS AFTER
REQUEST IS SUBMITTED TO THE BUILDING OFFICE**

Student's Name: _____ Teacher: _____

Home Address: _____ Phone #: _____

| | | | |
|---------------------|-------------------------------|--------------------------|------------------------|
| Monday Change | A.M. <input type="checkbox"/> | Alternate Name: _____ | Alternate Phone: _____ |
| | | Alternate Address: _____ | |
| | P.M. <input type="checkbox"/> | Alternate Name: _____ | Alternate Phone: _____ |
| | | Alternate Address: _____ | |
| Tuesday Change | A.M. <input type="checkbox"/> | Alternate Name: _____ | Alternate Phone: _____ |
| | | Alternate Address: _____ | |
| | P.M. <input type="checkbox"/> | Alternate Name: _____ | Alternate Phone: _____ |
| | | Alternate Address: _____ | |
| Wednesday Change | A.M. <input type="checkbox"/> | Alternate Name: _____ | Alternate Phone: _____ |
| | | Alternate Address: _____ | |
| | P.M. <input type="checkbox"/> | Alternate Name: _____ | Alternate Phone: _____ |
| | | Alternate Address: _____ | |
| Thursday Change | A.M. <input type="checkbox"/> | Alternate Name: _____ | Alternate Phone: _____ |
| | | Alternate Address: _____ | |
| | P.M. <input type="checkbox"/> | Alternate Name: _____ | Alternate Phone: _____ |
| | | Alternate Address: _____ | |
| Friday Change | A.M. <input type="checkbox"/> | Alternate Name: _____ | Alternate Phone: _____ |
| | | Alternate Address: _____ | |
| | P.M. <input type="checkbox"/> | Alternate Name: _____ | Alternate Phone: _____ |
| | | Alternate Address: _____ | |

I, parent/guardian, authorize the pick-up/drop-off of my child to the above as indicated.

Signature: _____ Date: _____

Board Policy 5731 Board Policy 5731 – “Parents may request two (2) alternate take-home locations other than the child’s residence. The purpose of the alternate locations should be for child care. The alternate take-home locations must be on a scheduled basis per ten (10) – week period. DAILY AND WEEKLY CHANGES CANNOT BE ACCOMMODATED. ALL REQUESTS FOR ALTERNATE TAKE-HOME MUST BE IN WRITING PRIOR TO THE ESTABLISHMENT OF THE SCHEDULE. UNDER NO CIRCUMSTANCES WILL AUTHORIZATION BY TELEPHONE BE GRANTED. Any variance from the above policy will be determined to be an emergency by the building principal.”

Office Use:

Date Submitted: _____ Start Date: _____ Notes: _____

T/F: _____ New Bus #: _____

Teacher Notified: _____ Parents Notified: _____