

PEMBROKE CHANGE IN TRANSPORTATION FORM

All transportation changes will take effect the second Monday
after the request is submitted to the building office.



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

Student's Name: _____ 2018-19 Grade: _____

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: _____	

Please refer to Board Policy 5731 on our website www.pembrokecsd.org

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

Signature: _____ Date: _____

Office Use:		
Date Submitted: _____	Start Date: _____	Notes: _____
T/F: _____	New Bus #: _____	_____
Teacher Notified: _____	Parents Notified: _____	_____