

# Transportation Location Change Form

BOE Policy EEA allows a maximum of two consistent A.M. pick-up locations and two consistent P.M. drop-off locations. Transportation to/from places of business is prohibited. **COMPLETE ONE FORM PER STUDENT.** Please allow 10 working days for processing. Service will begin after you receive notice from the WCPS Transportation Department.

PARENT INFORMATION			
Parent Name:	_____	Home Phone:	_____
Street Address:	_____	Cell Phone:	_____
City:	State:	Zip:	Work Phone:

STUDENT INFORMATION: ONLY ONE STUDENT PER FORM	
Student Name:	_____ <a href="#">Choose an item.</a>
School:	<a href="#">Choose an item.</a>
<b>A.M. Pick-Up #1</b>	Address: _____ Contact at Address: _____ Phone: _____
<b>A.M. Pick-Up #2</b>	Address: _____ Contact at Address: _____ Phone: _____
<b>P.M. Drop-Off #1</b>	Address: _____ Contact at Address: _____ Phone: _____
<b>P.M. Drop-Off #2</b>	Address: _____ Contact at Address: _____ Phone: _____

**Each box must contain a #1 or #2 pick-up/drop-off location. The schedule must remain the same every week.**

EXAMPLE DAY:		Monday		Tuesday		Wednesday		Thursday		Friday	
A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.	A.M.	P.M.
2	1										

Parent Signature: \_\_\_\_\_ [Click here to enter a date.](#)  
Date: \_\_\_\_\_  
*(I understand that this request applies only for the current school year.)*

Submit this form to the WCPS Transportation Department via email at [wcpstransportation@wcps.k12.md.us](mailto:wcpstransportation@wcps.k12.md.us) or fax at 301-766-2911

For TRANSPORTATION DEPARTMENT Use Only:	
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied – Comments/Reasons: _____
A.M. Bus #1:	Stop Location: _____
A.M. Bus #2:	Stop Location: _____
P.M. Bus #1:	Stop Location: _____
P.M. Bus #2:	Stop Location: _____
Transportation Administrator:	Effective Date: _____