**2023-2024**

School Year

**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: | | | | | Click or tap here to enter text. | | | | | | | | | | | | | | | | Home Phone: | | | | |  | | | | |
| Street Address: | | | | | | |  | | | | | | | | | | | | | | Cell Phone: | | | | |  | | | | |
| City: |  | | | | | | | | | | | State: | |  | | Zip: |  | | | | Work Phone: | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STUDENT INFORMATION: *ONLY ONE STUDENT PER FORM*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Student Name: | | | | | |  | | | | | | | | | | | | | | | | | | Grade: | | | Choose an item. | | | |
| School: | | | Choose an item. | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **A.M. Pick-Up #1** | | | | Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Contact at Address: | | | | | | |  | | | | | | | | | | | | | Phone: | |  | | | | |
| **A.M. Pick-Up #2** | | | | Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Contact at Address: | | | | | | |  | | | | | | | | | | | | | Phone: | |  | | | | |
| **P.M. Drop-Off #1** | | | | Address: | | | | |  | | | | | | | | | | | | | | | | | | | | | |
| Contact at Address: | | | | | | |  | | | | | | | | | | | | | Phone: | |  | | | | |
| **P.M. Drop-Off #2** | | | | 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: | | | | | | | |  | | | | | | | | | | | | | | | Date: | | | | | Click here to enter a 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:** | | | | | |
| Approved | 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: |  |