**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.

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| **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.)* |  |
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**Submit this form to the WCPS Transportation Department via email at** **wcpstransportation@wcps.k12.md.us** **or fax at 301-766-2911**

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| **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: |  |