

# 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:       | <u>Click or tap here to enter text.</u> | 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>                    |
| Grade:   | <a href="#">item.</a>                                    |
| School:  | <a href="#">Choose an item.</a>                          |
| <b>A.M. Pick-Up #1</b>                         | Address: _____<br>Contact at Address: _____ Phone: _____ |
| <b>A.M. Pick-Up #2</b>                         | Address: _____<br>Contact at Address: _____ Phone: _____ |
| <b>P.M. Drop-Off #1</b>                        | Address: _____<br>Contact at Address: _____ Phone: _____ |
| <b>P.M. Drop-Off #2</b>                        | Address: _____<br>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: | <a href="#">Click here to enter a date.</a> |
| <i>(I understand that this request applies only for the current school year.)</i> |       |       |   |

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:                                     |