

VARIANCE CHANGES MUST OCCUR FIVE DAYS PRIOR TO THE EFFECTIVE DATE

FIRELANDS LOCAL SCHOOLS
TRANSPORTATION VARIANCE FORM
GRADES K-12 ONLY

This form is to be used for the permanent change of student pick-up and/or drop-off locations for the current school year.

Student's Name: _____ Grade: _____

School: _____ Teacher: _____

Effective Date: _____

Parent's Name & Home Address:

Name _____

Address _____ City _____

Phone #'s: Home _____ Work _____ Cell _____

Bus # _____

PICK-UP: Please list the name and address of the person or place where the student will be picked up for transport to school.

Name _____

Address _____ City _____

Phone #'s: Home _____ Work _____ Cell _____

Bus # _____

DROP-OFF: Please list the name and address of the person or place where the student will be dropped off after school.

Name _____

Address _____ City _____

Phone #'s: Home _____ Work _____ Cell _____

Parent's Signature _____ Date _____

Principal's Signature _____ Date _____

Approved by Transportation Dept _____ Date _____