

FIRELANDS LOCAL SCHOOLS

BUS ROUTE CHANGE & VARIANCE POLICY

Pick up and drop off locations at the child's home address is always best, however Firelands Local Schools recognizes that this is not always possible.

When a change for pick-up or drop-off is necessary, please adhere to the following guidelines to help ensure the safety of the children.

1. Variance forms are available at the school offices and on our website.
2. A variance form is required for permanent or steady route changes. **Variable and alternating days will not be allowed.**
3. The change must be in effect for the entire year and must be within an existing route.
4. If the variance is to begin on the first day of school, forms are due by **August 15th**.
5. During the school year, variance forms are due to the school office or bus garage at least **5 days prior** to the effective date so that everyone involved has proper notice of the change.
6. A new form is required every year.

Please remember that consistency is the key for safety!

By signing below you indicate that you have received and read the bus variance policy. Please complete the variance form on the back of this policy.

Parent/Guardian Signature _____

Date Signed _____

FIRELANDS LOCAL SCHOOLS

BUS ROUTE CHANGE & VARIANCE FORM

Variance changes must occur 5 days prior to the effective date.

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

Student Name _____ Grade _____
Building (FES, FMS or FHS) _____ Teacher Name _____
Effective Date of Change in Transportation _____
Parent/Guardian Name _____
Address _____ City _____
Phone #: Home _____ Work _____ Cell _____

PICK-UP

BUS # _____

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 #: Home _____ Work _____ Cell _____

DROP-OFF

BUS # _____

List the name and address of the person or place where the student will be dropped off after school.

Name _____
Address _____ City _____
Phone #: Home _____ Work _____ Cell _____

Parent/Guardian Signature* _____ Date _____

Principal Signature _____ Date _____

**Parents please also sign the policy on the back of this form.*

Approved by Transportation Dept. _____ Date _____