ONLY Completed forms accepted

Atchison Public Schools CHANGE OF BUS INFORMATION FORM

Use black or blue ink pens - NO PENCILS

AES (G	rade)			AMS	* (Grade)		_ Al	HS* (Gı	rade)		CS* (Grade)	
Preschoo	ol/Pre	Kgn: [JA	М	J PM	Age	e:					
TRANSPORTATION POL Any high school student en Any middle school student of Any elementary student enr	olled a	nt Atchison d at Atchis	on Mi	ddle School	l/Central Sch	ool livi	ng 1.25 mile	s or more	from school	on the rou	te of least travel.	
Student's Name: (First and Last) (A separate form must be completed for each child requesting to ride a USD 409 school bus)										dent's DOB:		
(First and Last) (A	separat	te form must	t be con	ipleted for ea	ach child reque	esting to	ride a USD 40	9 school bu	ıs)		MM/DD/YYYY	
Parent/Guardian's Nai	ne (Fi	rst and Las	st):									
				Only nam	nes listed here	will be a	llowed to mak	e changes t	to this child's b	ous route.		
Home Address (No P.O	. Box N	Numbers) _										
Home Address (No P.O			Wh	ere this stude	ent is currently	residing	. Provide city	/state/zipco	ode if not in At	chison, Kan	sas.	
Email Address:												
				Only used to	notify parents	/guardia	ns of their chil	d's bus info	ormation (new	& changes).		
Home Phone: Work Phone:										Cell Phone:		
Current pick up bus stop:										Bus #		
Current drop off bus stop:										Bus #		
Write this student's p	pick t	ıp and d	lrop (off <u>bus st</u>	<u>top</u> below	(or ac	ldress if u	insure v	where the	bus stop	o would be):	
New pick up point (sc	hool t	ous stop)):									
This bus stop is:		Home			Day Care	□	Relative		Other		NO bus service before school requested	
New drop off point (so		_										
This bus stop is:		Home		Sitter/I	Day Care		Relative		Other		NO bus service after school requested	
My child will ride:		Daily		Once in	n a while*						ce Center (367-6382) before 6:30 a.m. for	
						AIV	15/AH5/C	9 01 7:00	a.m. for A	LES STUUT	ents.	
	ve only	one desig	nated	pick up an	ıd drop off p	oint. S	tudents sign	ed up for			off points, contact the Service Center at 913-367-ONLY be allowed to ride from their designated	
FOR SERVICE CEN	JTFR	OFFIC	'F IIS	SE ONL	V							
FOR SERVICE CENTER OFFICE USE ONLY BEFORE SCHOOL BUS ROUTE: AFTER SCH									CHOOL B	US ROU	JTE:	
								Drop Off Bus Stop:				
Pick Up Time:												
Pick Up Bus #:								•				
							I	_		_	_	
This student will begin	n ridir	ng on:		J Mon		Tue	es	□ We	d [r	

Atchison Public Schools, USD 409, does not discriminate on the basis of race, color, national origin, sex, disability, religion, or age in its programs and activities. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Dr. David Myers, USD 409 District Coordinator of Section 504, ADA, Title VI, Title VII, and Title IX, 626 Commercial, Atchison, KS 66002, 913-367-9519.