

Teacher /Grade _____

BUS # _____

PICKUP _____

DROP OFF _____



HURON CITY SCHOOL DISTRICT
 HURON, OHIO
CHANGE OF HOME BUS STOP REQUEST

Please consider (STOP / ADDRESS) _____

As the home stop for (NAME OF STUDENT) _____

On (STARTING DATE / LENGTH OF TIME) _____

1. I understand this is a not a regular home stop of the regular bus the above pupil rides.
2. I take full responsibility for the welfare of the pupil named above as a result of this action.
3. I excuse the Board of Education and the school officials of all or any liability as a result of the granting of the above request.

Signed _____
(Parent or Guardian)

Date _____

Approved _____

Signed _____
(Principal)