

Teacher / Grade _____

BUS # _____



AM

PM

HURON CITY SCHOOL DISTRICT

CHANGE OF HOME BUS STOP

REQUEST CONSIDERED ONCE PER YEAR

Please consider (address) _____

as the home stop for (name of student) _____

beginning (date) _____

Reason for change: _____

1. I understand this is a regular home stop of the regular bus the above student 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 granting the above request.

Signed _____ Date _____

(Parent or Guardian)

_____ *Phone number where a parent can be reached during school hours.*

Approved

Denied

Signed _____ Date _____

(Principal)