

**NORTH HAVEN PUBLIC SCHOOLS  
PERMANENT BUS ASSIGNMENT CHANGE FORM**

Student Information	
School _____	Date _____
Student Name _____	
Last	First
P/S Student # _____	Phone Number _____
Address _____	

**MODIFICATION TO STUDENT TRANSPORTATION REQUIRES 48 HOURS AFTER WRITTEN APPROVAL**

Present Bus Assignment	Action To Be Taken
Bus #/Color	New Student <input type="checkbox"/>
AM <input type="checkbox"/>	Modify Transportation To:
PM <input type="checkbox"/>	Non-Transport (Student Leaving North Haven) <input type="checkbox"/>
	Parent Transport <input type="checkbox"/>
	Other <input type="checkbox"/>
<b>New Bus Request</b>	Transfer To:
Bus #/Color	RR                      GA                      CL                      MO
AM <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
PM <input type="checkbox"/>	Other School: _____
Address: _____	Comments: _____
Reason for change _____	_____
_____	_____
_____	<b>Approved:</b> _____
Parent/Guardian _____	School Principal _____

Completed By Bus Company	
Student Name _____	P/S # _____
Last	First
Effective On: _____	Date: _____
	Transport To: _____
Bus #/Color	
AM <input type="checkbox"/>	Time <input type="checkbox"/> Stop/Address _____
PM <input type="checkbox"/>	Time <input type="checkbox"/> Stop/Address _____
Approved _____	
Denied <input type="checkbox"/>	Bus Company _____ Date _____
Explanation: _____	

Copy:

Bus Company  
Business Office  
School Office

Form Design: Business Manager
Date: 8/22/2013