

Temporary Bus Transfer Form

This form is to be used for temporary bus transfers lasting one day and/or for short-term.

MUST be signed and approved by Building Principal and Transportation Supervisor (ORC 3301-83-13).

Student Name: _____

Student's Current Address: _____ Current Bus Number: _____

Temporary Address: _____ Temporary Bus Number: _____

Must be an existing bus stop

How many days?: _____

Date Transfer to Start: _____ Date Transfer to End: _____

Reason for Transfer: _____

Parent's (Guardian's) Signature : _____

Date

Building Principal's Signature: _____

Date

Transportation Supervisor's Signature: _____

Date
