TRANSPORTATION OPT OUT FORM

2016-17 SCHOOL YEAR

Please complete ONE of the sections below that pertains to your child's transportation needs* for the 2016-17 school year. (one child per form)

If your child **will not** need AM or PM bus transportation services for the 2016-17 school year, please complete this section:

Student's Full Name: ________________________________

School: ____________________________________________

If your child **will not need A.M.** but will need P.M. bus transportation services for the 2016-17 school year, please complete this section:

Student's Full Name: ________________________________

School: ____________________________________________

If your child **will not need P.M.** but will need A.M. bus transportation services for the 2016-17 school year, please complete this section:

Student's Full Name: ________________________________

School: ____________________________________________

Parent/Guardian: ____________________________

Printed Name: ____________________________ Signature: ____________________________ Date: ____________

Contact Phone #: ____________________________

*Notify the school if your child’s transportation needs change anytime during the school year. This change will take affect within three days.

Please return this form to your child’s school or fax to 410-758-8200.