TRANSPORTATION OPT OUT FORM

2019-20 SCHOOL YEAR

Please complete ONE of the sections below that pertains to your child’s transportation needs* for the 2019-20 school year. (one child per form)

If your child will not need AM or PM bus transportation services for the 2019-20 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 2019-20 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 2019-20 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.