

East Allen County Schools Department of Transportation
NON DAYCARE Bus Change Request
(One form per student)



Please use this form to start or stop bus service for your child based on your home address. If you are requesting bus service from an address other than your official residence address, use the DAYCARE REQUEST form.

We cannot accommodate multi day, multi destination busing (2 afternoons here, 3 afternoons there.)

Please download this form and email to bussing@eacs.k12.in.us The parent/guardian will receive a confirming emailed with the new busing information and start date.

All requested changes may take up to four school days to be implemented. This completed form will used to determine the students bus stop assignment until a new request is made.

STUDENT INFORMATION TO BE COMPLETED FOR ALL BUS RIDERS (please print or type):

SCHOOL: _____

GRADE: _____ GENDER: _____ DATE OF BIRTH: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE INITIAL: _____

STREET ADDRESS: _____ APT-LOT: _____ CITY: _____

ZIP: _____ PARENT/GUARDIAN NAME: _____

PRIMARY PHONE: _____ - _____ SECONDARY PHONE: _____ - _____

PARENT/GUARDIAN EMAIL: _____

Bus needed **No AM Bus** **AM from home**
(Check all that apply):
 No PM Bus **PM to home**

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Parent Signature _____

Date _____