

SOUTH EASTERN SCHOOL DISTRICT
Fawn Grove, Pennsylvania 17321

TRANSPORTATION CHANGE REQUEST

Please complete and return to the Transportation Director

Date _____

Student Name(s) _____

Parent Name(s) _____

Address _____

Home Telephone Number _____ Work Telephone Number _____

A.M. Bus To Which Student(s) Is Assigned _____

P.M. Bus Stop To Which Student(s) Is Assigned _____

School(s) And Grade(s) To Which Student(s) Is Assigned _____

Requested Change _____

Reason For Change _____

Transportation

_____ Approved
_____ Not Approved
_____ Residency Verified

Parent/Guardian Signature

ROUTING
Principal
Transportation
Parent
