

**WESTERN RESERVE LOCAL SCHOOLS
TRANSPORTATION VARIANCE FORM**

THIS FORM IS TO BE USED FOR THE PERMANENT CHANGE OF STUDENT PICK-UP AND/OR DROP-OFF LOCATIONS FOR THE CURRENT SCHOOL YEAR.

STUDENT'S NAME _____ GRADE _____

HOMEROOM TEACHER (FOR ELEMENTARY ONLY) _____

EFFECTIVE DATE TO START: _____ END DATE (if applicable) _____

Parent's Name & Home Address:

Name: _____ Phone _____

Address (including city): _____

PICK-UP: Please list the name & address of the person or place where the student will be picked up for transport to school.

Name _____

Address _____ City _____

Contact Phone _____ Circle days needed for pick-up: **M Tu W Th F**

DROP-OFF: Please list the name & address of the person or place where the student will be dropped off after school.

Name _____

Address _____ City _____

Contact Phone _____ Circle days needed for drop-off: **M Tu W Th F**

PARENT SIGNATURE _____ **DATE** _____

Approved by Transportation Dept _____ Date _____

AM PICK-UP BUS # _____ PM DROP-OFF BUS # _____