



TO: Parents of Students Attending a Char-Em ISD Classroom

FROM: Phil Haldaman, Char-Em ISD Transportation Supervisor

RE: Transportation Change Request

The provision of student transportation to and from school is an important responsibility of Char-Em ISD. The transportation department makes a coordinated effort to ensure that this is provided as effectively and efficiently as possible. Establishing regular pick-up and drop-off addresses is a key factor when determining the route schedule, and results in consistent pick-up and drop-off times for your student.

It is with this in mind, students will only be picked up or dropped off at the location you designated on the Student Information form. This was provided to you as part of the student's enrollment packet, and is what you are asked to update at each annual IEP team meeting. If you would like to permanently alter the pick-up or drop-off location you designated, a *Transportation Change Request* form must be completed and provided to the building secretary. This form can be downloaded from the Char-Em ISD website (special education transportation tab) or by contacting the building secretary. Requests for an irregular pick-up or drop-off at alternate locations (e.g., home of relative, friend's house, neighbor, appointment) cannot be honored as they alter the bus route and impact the transportation of your student or others on the bus. If you need to make a permanent change in a pick-up or drop-off address, please complete the attached *Transportation Change Request* form and return it to the building secretary.



Transportation Change Request

| Complete and return this fo | rm to the build | ing secretary. | | | |
|--|-----------------|-------------------|---|----------------------------|--|
| Date: | | | | | |
| Student Name: | | | | | |
| Parent Name: | | | | | |
| Parent Telephone Number: | | | (Used to confirm transportation change) | | |
| Date transportation change is r | requested to be | egin: | | | |
| Pick-up Address NOTE: Parent may identify and permanent sche | | pre-determined lo | ocation as long | as it is part of a regular | |
| Days of Week: Monday | Tuesday | ☐ Wednesday | Thursday | ☐ Friday | |
| | | <u></u> | | | |
| Days of Week: Monday | Tuesday | ☐ Wednesday | Thursday | Friday | |
| Street: City: | | | | | |
| Drop-off Address NOTE: Parent may identify of a regular and per | | • | ocation as long | as it is part | |
| Days of Week: Monday | ☐ Tuesday | ☐ Wednesday | Thursday | Friday | |
| City | | | | | |
| Days of Week: Monday | Tuesday | Wednesday | Thursday | Friday | |
| City | | | | | |
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Revised February 5, 2015