Superintendent
Ken Kenworthy

School District of Okeechobee County

863-462-5000 700 S. W. Second Avenue Fax 863-462-5151
Okeechobee, Florida 34974

Board Chairperson:
Malissa Morgan
Board Vice Chairperson:
Jill Holcomb
Board Members:
Joe Arnold
Dixie Ball
Amanda Fuchswanz

IF YOUR CHILD NEEDS TO RIDE THE BUS TO OR FROM A STOP THAT IS NOT YOUR ASSIGNED BUS STOP

NOTE: This stop must be used every day and be in your attendance zone

This form must be completed annually by parent.

REQUEST FOR BUS STOP THAT IS NOT YOUR ASSIGNED BUS STOP

Name of Student:_____

School Attended:_____

Home Address:_____

Desired Pick up Address in AM:_____

Desired Drop Off Address in PM:_____

_____ _____
Parent Name (printed) Parent Signature

NOTE: Please allow 3 days for any changes in bus stop to be approved by the Principal and authorized by Transportation.

School Authorization_____ Date:_____
Signature

SCHOOL MUST FORWARD TO TRANSPORTATION OFFICE

AM Bus Route # _____Time_____ AM Bus Stop Location _____

PM Bus Route # _____Time_____ PM Bus Stop Location _____

Transportation Authorization_____ Date: _____
Signature

Please Note: Up to 3 days may be required for the Transportation staff to authorize any change and to inform driver of such changes

Achieving Excellence: Putting Students First

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SI SU NIÑO NECESITA MONTAR EL AUTOBÚS A O DE UNA PARADA QUE NO ES SU PARADA DE AUTOBÚS ASIGNADA

NOTA: Esta parada debe ser utilizada todos los días y estar en su zona de asistencia

Este formulario debe ser completado anualmente por el padre.

SOLICITUD DE PARADA DE AUTOBÚS QUE NO ES SU PARADA DE AUTOBÚS ASIGNADA

Nombre de estudiante:_____

Asistido a la escuela:_____

Direccion de casa:_____

Dirección de recogida deseada en AM:_____

Dirección de desconexión deseada en PM:_____

_____ _____

Nombre del padre (impreso) Firma de los padres

NOTA: Por favor espere 3 días para que cualquier cambio en la parada de autobús sea aprobado por el Director y autorizado por Transporte.

School Authorization_____ Date:_____
Signature

SCHOOL MUST FORWARD TO TRANSPORTATION OFFICE

AM Bus Route # _____Time_____ AM Bus Stop Location _____

PM Bus Route # _____Time_____ PM Bus Stop Location _____

Transportation Authorization_____ Date: _____
Signature

Nota: Se puede requerir hasta 3 días para que el personal de Transporte autorice cualquier cambio e informe al conductor de dichos cambios

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