



St. Mary's Nativity School

Believe, Achieve, Succeed with Christ

BUS TRANSPORTATION CHANGE REQUEST

Date/Dates of Change: _____

From: _____

To: St. Mary's Nativity School Administration Desk

Re: Student Transportation Change Form

Student's Full Name: _____

Student's Grade: _____

Please make note of change in the following boxes for correct method of transportation that your child/children will be using.

My child will be riding bus#	My child will be picked up in carline with:	My child should report to aftercare.

Additional comments:

Parent or Guardian Signature