



Clayton Huey Elementary School
511 Main Street
Center Moriches, New York 11934
(631) 878-9780 / Fax (631) 878-0238

BUS CHANGE REQUEST FORM 2023-2024

STUDENT: _____ Teacher: _____ Grade: _____

Please accept this written request for my above-named child to take an alternative bus to his/her day-care provider as follows. I understand that I will be contacted by school personnel when this request has been approved by the Bus Company. I also understand that this request may take up to two weeks.

A.M. - BEFORE SCHOOL PICK-UP

Name of Provider: _____

Name of Day Care (if applicable): _____

Address: _____ Phone: _____

Days of week pick-up (please circle): MON TUE WED THUR FRI

FIRST DAY OF PICK-UP: _____

P.M. - AFTER SCHOOL DROP-OFF

Name of Provider: _____

Name of Day Care (if applicable): _____

Address: _____ Phone: _____

Days of week drop-off (please circle): MON TUE WED THUR FRI

FIRST DAY OF DROP-OFF: _____

Parent/guardian: _____ Telephone Contact: _____

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(School Personnel Completes)

Request Faxed or emailed to Bus Company on: _____

Request Approved: YES - BUS LETTER: _____ Office Staff: Date Bus Letter(s) changed in eSchools on: _____

NO - Reason: _____

Parent/Guardian notified on: _____ By (School Personnel Initials): _____

Copy to Classroom Teacher(s) _____ Date: _____