



Change of Pickup and Drop Off Times

Transportation
Department

Special Needs
Transportation

Dear Parent or Guardian:

Bus: _____

Date

We are _____ and

Driver

Assistant

Due to a change in our bus route, it is necessary to adjust the time that your son/daughter is picked up in the morning or dropped off in the afternoon.

The new pick up time will be _____ beginning
_____/_____/_____. Remember to have your child ready at least
five (5) to ten (10) minutes prior to this assigned time.

The new drop off time will be _____ beginning
_____/_____/_____. Please inform the individual that is
responsible for receiving your child about the drop off time change.

If you have any questions or concerns contact Special Needs Routing at
397-0870. Thank you for your continued cooperation in assisting us to
provide the best possible service for you and your student.

White- Special Needs Office

Yellow- Parents

Pink-Driver Team