

C.R. WEEKS ELEMENTARY SCHOOL
BUS CHANGE REQUEST

STUDENT NAME		TEACHER	
STUDENT NAME		TEACHER	
STUDENT NAME		TEACHER	

NEEDS TO RIDE BUS # _____

**ALL SECTIONS MUST BE COMPLETED
FOR A BUS PASS TO BE ISSUED**

TO _____

PLEASE PROVIDE NAME AND ADDRESS OF CHILD'S DESTINATION

ON (DATE(S)) _____

**SIGNATURE OF
PARENT/GUARDIAN:** _____

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