

**HILLSDALE LOCAL SCHOOLS**  
**BUSING CHANGE**

DATE \_\_\_\_\_ GRADE \_\_\_\_\_

NAME \_\_\_\_\_ BIRTHDATE \_\_\_\_\_

ADDRESS OF RESIDENCE \_\_\_\_\_

WHAT ARE YOU CHANGING? PICKUP \_\_\_\_\_ DROP OFF \_\_\_\_\_

NEW PICK-UP ADDRESS \_\_\_\_\_

NEW DROP-OFF ADDRESS \_\_\_\_\_

NAME OF BABYSITTER AND ADDRESS (if applicable)

\_\_\_\_\_

.....

To be completed by Transportation Supervisor

New pick-up bus no. \_\_\_\_\_ Shuttle bus no. \_\_\_\_\_

Driver \_\_\_\_\_ Driver \_\_\_\_\_

Phone # \_\_\_\_\_ Phone # \_\_\_\_\_

Supervisor's Initials \_\_\_\_\_

Returned to HES (date) \_\_\_\_\_