

**Medford Area Public School District**  
**Bus Routes**  
**New/Alternate Pick-up/Drop-off Form**  
(Return to School Office)

FILE: EEAA-R-E

Name of Child: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent #1

Parent #2

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: W \_\_\_\_\_

Phone: W \_\_\_\_\_

H \_\_\_\_\_

H \_\_\_\_\_

I request that my child be transported to and/or from the designated address(es) listed below:

To School       From School       Both

Name of Residence Holder: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Days: Monday Tuesday Wednesday Thursday Friday ALL

\_\_\_\_\_  
Effective Date

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

To School       From School       Both

Name of Residence Holder: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Days: Monday Tuesday Wednesday Thursday Friday ALL

\_\_\_\_\_  
Effective Date

Comment: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Completed by: \_\_\_\_\_

Parent/Guardian Signature

\_\_\_\_\_

Date Signed

\_\_\_\_\_

Principal (Designee) Signature

**School Personnel: Fax ALL forms to Transportation Contractor**  
**Pick-up/drop-off change/addition copy to Classroom Teacher**