Carteret County Public Schools Transportation Change Request

One form per student. Allow up to 5 business days for processing.

Please check one:	☐ New rider	☐ Add to existing stop(s)	☐ Remove from stop(s)			
Student name		Grade				
Student address						
City ZIP Code						
☐ Student address	above is the sa	me as an <u>existing</u> stop locat	ion, both AN	M and PM,	or:	
AM stop location _			☐ Business	☐ Sitter	☐ AM only	
PM stop location _			□ Business	☐ Sitter	☐ PM only	
Bus driver's name _		Bus number				
Bus driver's email _						
The superintendent or and from school upon under G.S. 115C-246. I	superintendent's d the bus or buses as No pupil or employ en so assigned by a	CORTATION: § 115C-244. Assignment of the pupils and signed to each school and shall in the superinted to ride upon the superintendent or superinter intendent's designee.	d employees v nplement and c on any school	who may be enforce the p bus to whic	transported to olan developed h such pupil o l	
Administrator's sigr	nature			Date		
===========		RANSPORTATION DEPT USE ONLY		======	=======	
SchCode	Stop #	Run # / Al	M Bus #	PM Bu:	s#	
Recorded i	n TIMS		Date			