Blue Grass Elementary   **(865) 539-7864**

CHANGE OF TRANSPORTATION FORM

Name of Student_____

Teacher Name_____Grade_____

Please send my child home by_____

If bus, indicate bus number_____

BUS STOP_____

This change is: (Please check one)

☐ Permanent

☐ Today Only

☐ For the following date(s):

_____

_____

_____

_____

_____

Parent Signature_____Date_____

Phone Number_____