MERIDIAN PUBLIC SCHOOLS

3361 N. M–30, Sanford, Michigan 48657
p. (989) 687–3249 f. (989) 687–3222
Email: transportation@merps.org

REQUEST FOR TRANSPORTATION

Grade_____

Student Name	**Parent / Guardian Name (please print)**	**Phone Number**

Please list any medical issues the Transportation Department should be aware of:

_____

Please select one of the following choices:

□ New Student

□ Permanent Change of Transportation

□ Temporary Change Change Start_____/____/_____ Change End_____/____/_____

A.M. Pick Up Location:

_____

_____

P.M. Discharge Location:

_____

_____

Parent / Guardian Signature _____

After this form is completed please return it to the school building that your student attends, or email it to transportation@merps.org.

For Office Use Only

Received On _____ Approved By _____

Route: AM_____ PM_____ Notified _____

Time: AM_____ PM_____ _____