



### **Transportation Change Request**

Thank you for completing the information below so that we may schedule your child on a Wyoming Public School bus. If you have any questions feel free to call the transportation center at 530-7545.

School Which Child Will Attend \_\_\_\_\_

**If kindergarten** – will child attend AM or PM \_\_\_\_\_

Child's Name \_\_\_\_\_

Parent(s) Name(s) \_\_\_\_\_

Home Address \_\_\_\_\_

Telephone Numbers  
Home \_\_\_\_\_

Work or Cell \_\_\_\_\_

If your child will be transported to or from your child care provider, please complete the information below:

Will they be transported to a day care AM  Noon  if Kindergarten  PM  ?  
*Please check appropriate AM, Noon, PM*

Child Care Provider's Name \_\_\_\_\_

Child Care Provider's Address \_\_\_\_\_

Child Care Provider's Phone \_\_\_\_\_

