

**OXFORD PUBLIC SCHOOLS  
TRANSPORTATION REQUEST/CHANGE FORM**

This form is to be used for new students and all changes related to student transportation. Allow a minimum of 3 working days for information to be processed and bus to be assigned.

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**To be completed by Parent/Guardian:**

**Circle One:**     Add a Student     Delete a Student     Change Information

**Student Information:**

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_ Gender: Male / Female     Grade: \_\_\_\_\_

School: \_\_\_\_\_

Parent/Guardian's name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Alternate Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Requested by: \_\_\_\_\_ Relationship to Student: \_\_\_\_\_

**Alternate Bus Information:** FOR ELEMENTARY STUDENTS ONLY. Please fill out this information if your child is being picked up and/or dropped off at a location different from the home address. Per the Oxford Public School Transportation Policy an alternate Pick Up and/or Drop Off must be "a single alternate stop on a long-term, consistent daily basis".

Pick Up Location: \_\_\_\_\_

Contact: \_\_\_\_\_ Name of Day Care (if applicable): \_\_\_\_\_

Drop Off Location: \_\_\_\_\_

Contact: \_\_\_\_\_ (Name of Day Care if Applicable): \_\_\_\_\_

Special Equipment/Personnel (I.E Nurse Aid/Equipment) Needs: \_\_\_\_\_

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**To be completed by School:**

Date: \_\_\_\_\_ Student ID Number: \_\_\_\_\_

Form Completed by: \_\_\_\_\_  
(School Employee must sign form for processing)

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**To be completed by Transportation Contractors:**

Action Taken: \_\_\_\_\_ Bus # Pick up: \_\_\_\_\_ Bus # Drop off: \_\_\_\_\_ Bus Time: \_\_\_\_\_

Bus Stop Location: \_\_\_\_\_

Additional Information: \_\_\_\_\_

*"The Oxford School District does not discriminate on the basis of race, color, sex, religion, national origin, sexual orientation, disability or homelessness."*