

Clayton Huey Elementary School  
511 Main Street  
Center Moriches, New York 11934  
(631) 878-9780 / Fax (631) 878-0238



**BUS CHANGE REQUEST FORM (2021/2022)**

STUDENT: \_\_\_\_\_ Teacher: \_\_\_\_\_ Grade: \_\_\_\_\_

Please accept this written request for my above-named child to take an alternative bus to his/her day-care provider as follows.  
I understand that I will be contacted by school personnel when this request has been approved by the Bus Company.

A.M. - BEFORE SCHOOL PICK-UP

Name of Provider: \_\_\_\_\_

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

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

Days of week pick-up (please circle): MON TUE WED THUR FRI

FIRST DAY OF PICK-UP: \_\_\_\_\_

P.M. - AFTER SCHOOL DROP-OFF -

Name of Provider: \_\_\_\_\_

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

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

Days of week drop-off (please circle): MON TUE WED THUR FRI

FIRST DAY OF DROP-OFF: \_\_\_\_\_

Parent/guardian: \_\_\_\_\_ Telephone Contact: \_\_\_\_\_

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(School Personnel Completes)

Request Faxed to Bus Company on: \_\_\_\_\_

Request Approved: YES - BUS LETTER: \_\_\_\_\_  
NO - Reason: \_\_\_\_\_

Parent/Guardian notified on: \_\_\_\_\_ By (School Personnel Initials): \_\_\_\_\_

cc: Teacher: \_\_\_\_\_