

**Haverhill Public Schools
Transportation Department
Student Add/Change Form**

Date: _____

Requested by: _____

Current Bus #: _____

Student(s):

Reason for Add/Change, (i.e.; change of address, change of school, parent request, etc.):

*****All changes require 72 hours notice***

*****The individual school or department making the request will be responsible for notifying the family***

New Bus Number: _____

Effective Date: _____

Completed By: _____

Approved By: _____

Date: _____

Administrators Signature: _____