ISRAEL LORING ELEMENTARY SCHOOL
BUS TRANSFER REQUEST FOR STUDENTS WITH BUS PASSES•

Student Name: _____ Teacher: _____

Bus # transferring from: _____ Bus # transferring to: _____

Date of transfer: _____ Request made by:_____

Reason for transfer:_____

RELIABLE Phone Contact (ONE (1) number only): _____

PLEASE NOTE: No bus transfers are available to vans due to volume of rider ship.

***If a Bus Transfer cannot be honored and a parent cannot be reached at the number provided, the child will be sent home according to the child's normal dismissal procedure.**
•This form should be downloaded, completed, and turned in to the Loring School Office by 9:00 a.m. of the requested day. Telephone and/or email requests will not be processed.

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