

Transportation Department

6370 Cox Lane

Lesage, WV 25537

Telephone (304)733-3015 Fax (304)733-3030

REQUEST FOR CHANGE IN BUS ASSIGNMENT

Date

I am requesting permission for my son/daughter, _____

Name of Student

to ride bus # _____ to _____

(Address)

from _____ school. My child will be received

by _____, phone # _____, who

s Td ()Tj EMC /Body#20Text <</MCID 31 >>B4C 0 -1.15 TD [()-350TTJ hsiqie-1(t)-2(i)-2(n)4(qu)-10s-10(g)10()-1(i)g mon
Mn 2.Tj 0.008 Normal <</MCID 14 >>B48 0 .62 -21.3 2.Tj 5-1.15 TD [()-350TTJ