



**Cobb County School District
Timber Ridge Elementary School
Transportation Change and Bus Pass**

DATE: _____

Student Name: _____

Teacher: _____ **Grade:** _____

He/She will be (please check the following that apply):

_____ **Attending ASP**

_____ **School or Foundation Sponsored After School Activity** or Other: _____

Going home with another student (fill out carpool information below)

Going to ASP after the activity

_____ **A Car Rider** (please select one of the boxes below):

Going home with another student (fill out carpool information below)

Being picked up by parent/guardian

Being picked up by _____

_____ **Going home on the BUS with another student** (fill out the bus information below)

**** CARPOOL INFORMATION ****

Student riding home with: _____

Parent Name: _____ Phone No. _____

**** BUS INFORMATION ****

Age: _____ Gender: Male or Female New Student: Yes or No

Student Riding Home with: _____

Assigned Bus Color: _____ Temporary Bus Color: _____

Home Address: _____ Apt/Subdivision: _____

Home #: _____ Cell #: _____

Medical Conditions: _____

*CCSD Transportation Department reserves the right to deny permission of temporary riders based on capacity limits and student behavior concerns.

Parent/Guardian Signature: _____

Administrator's Signature: _____