



**2020-21
SPECIALIZED TRANSPORTATION
CHANGE FORM**

Date: _____

Instructions: Complete this form and send the original to the NJUHSD District SPED office. The SPED Secretary will send the form to Durham and track changes. This form, together with the original transportation request form and any prior change forms will constitute the student's complete transportation record. (Requests must be sent 5 days in advance of anticipated start date). Durham will confirm with the parent directly by phone.

Print clearly in blue or black ink.

STUDENT'S NAME: _____

D.O.B.: _____ **GENDER:** F M

REQUESTED START DATE FOR THE CHANGE: _____

STUDENT SCHEDULE: M T W TH F

CLASS TIMES: AM _____ PM _____

PLEASE DESCRIBE THE CHANGE: _____

AM PICK-UP ADDRESS: _____

AM DROP-OFF SITE (NU / GV): _____

PM PICK-UP SITE (NU / GV): _____

PM DROP-OFF ADDRESS/SITE: _____

SPECIAL INSTRUCTIONS OR MEDICAL NEEDS TO BE AWARE OF: _____

Parent/Guardian Name Printed: _____

Signature: _____ **Phone:** _____

NJUHSD Special Education Services
11761 Ridge Road, B2 / Grass Valley, CA 95945 - Phone: 530-273-4431, ext. 2031 - Fax: 530-274-1483

Form sent to Durham Transportation, Attention Lisa Smith, Phone: 530-273-7282 on: _____