



**COBB COUNTY SCHOOL DISTRICT  
TIMBER RIDGE ELEMENTARY SCHOOL  
TRANSPORTATION CHANGE & 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 bus information below)**

**\*\*CAR POOL 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: \_\_\_\_\_