



SARGENT CENTRAL PUBLIC SCHOOL

DROP-OFF LOCATION CHANGE
PREK - 2ND GRADE

This form must be completed each time a PreK-2nd grade student is to be dropped off at a location that is not a student's regular drop-off location.

Student Name _____

Student Grade Level PreK K 1st Grade 2nd Grade

Date of Drop-Off _____

Drop-Off Location Name _____

Drop-Off Location Address _____

Reason for change _____

Approval Signature (Parent/Guardian/Teacher) _____

Date Form is Completed _____

For School Personnel Only (when applicable)

Person Who Informed the School _____

Date Person was Informed at the School _____

A copy must be provided to the student's classroom teacher, who will then give a copy to the bus driver