Student Transportation Change Request Form

Parent/Guardian Name: ___________________________________________   Date: ________________

Address: __________________________________________________________________________________

Telephone: ________________________________

Name of Student: ___________________________________

Assigned School: __________________________________

Current Stop Location: _______________________________________________  A.M. [  ]  P.M. [ ]

Current Bus Assignment:  A.M. Bus #__________    P.M. Bus # __________

Requested Stop Location: ____________________________________________  A.M. [ ]  P.M. [ ]

Reason for Request: ________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

_________________________________________________________________________________________

Parent/Guardian Signature: ______________________________

Transportation Department Use Only:

Request Approved [ ]  Request Denied [ ] – see comments

If request is approved:  A.M. Bus # _______ Pickup Time: _______  P.M. Bus # _______ Drop off time: _______

Effective Date: ______________

New Stop Location/Action Taken: __________________________________

Comments: _________________________________________________________________________________________

__________________________________________________________________________________________________

___________________________________________________________________________________________________

___________________________________________________________________________________________________

Request Reviewed By: ______________________________      Date: __________________________