



**Radnor Township School District
Transportation Center
230 King of Prussia Road
Radnor, PA 19087
(610) 293-1947 Fax: (610) 971-0545**

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: _____