

Bus Stop Change Request Form

I have read all the Bus Stop and Routing Criteria. Yes No

The change I am requesting fits the criteria. Yes No

Parent/Guardian Name _____

Student Name _____

Student's address _____

Email address _____

Phone number _____

Preferred contact method _____

Current stop location _____

Current bus number _____

Requested bus stop _____

Reason for Request _____

Signature _____ Date _____

Requests will be reviewed within 2 weeks. We will contact you with our decision by your preferred method.

Transportation Office Use Only

Denied ___ Reason (if denied) _____ Starting Date: _____

Bus #: _____ Stop Location _____ Pick-Up Time: _____ Drop off Time: _____ Shuttle # _____

Added to Route _____ Informed Parent _____ Notified Driver _____ Faxed School _____