



Change Request for Student School Bus Transportation

******Please be aware that it may take up to 3-5 days to accommodate route changes.******

Student Full Name: _____

Primary Address: _____

Primary Phone: _____

School Name: _____ Grade: _____

Bus Route to be changed: Mornings _____ Afternoons: _____ Both: _____

Parent/Legal Guardian Name: _____

Contact Phone Number _____ Email _____

Reason for Change Request _____

Bus Stop Location(s) Requested: Please note Students are allowed one stop location for pick-up and one stop location for drop-off, these locations may be different. Students are not allowed to have multiple pick-up locations and/or drop-off locations. Students will be assigned to the nearest designated bus stop to the requested address/location.

New AM Stop Location/Address: _____

New PM Stop Location/Address: _____

Effective Date for Transportation to Begin: _____

Parent/Guardian Signature: _____ Date _____

Verified by staff: _____ Date _____

