

BUS TRANSPORTATION REQUEST

Transported School: _____ Date: _____

Student name _____ Grade Level: _____

Parent/Guardian _____ Parent Request: Y N

Home Address _____

Home Phone: _____ Cell Phone: _____ E-mail Address: _____

Work Phone: _____

Current Driver Name _____ Bus #: _____ Driver Request: Y N

Assigned Bus Stop Location/Bus Number: _____

Requested Bus Stop Address/Location: _____

A. Reason for Request:

1. Request a new stop
2. Re-establish a stop
3. No bus service in area
4. Stop too far for student to walk
5. Dangerous stop location
6. Request stop be moved from residence
7. Students destroying property
8. Other

B. Action Taken:

- 1. Stop request approved
- 2. Stop added
- 3. Stop deleted
- 4. Stop location moved
- 5. Route Changed
- 6. Stop re-established
- 7. Stop request denied
- 8. Other

ADDITIONAL INFO:

BUS STOP APPROVED @ REQUESTED LOCATION Y/N _____ BUS STOP REQUEST DENIED _____

NEW ADDRESS/LOCATION _____

NAME OF BUS DRIVER @ NEW BUS STOP _____ BUS NUMBER _____

PICK UP CHILD (REN) EFFECTIVE DATE _____ AM RUN _____ PM RUN _____

(OFFICE USE ONLY)

Request taken by _____ Area Route Supervisor _____

(Date/Time) _____ Faxed to Supervisor Y/N

Parents Signature _____ Date _____

**Parents signature required when in office request. Email address if emailed.*