

## **Transportation Change Request**

Dear Parent/Guardian: Please use this form to request bus stop changes due to moving, changes in before or after school programs, or for shared custody arrangements. Please complete the entire section. Change requests may take several weeks to review and implement; the bus company needs time to assess the available space and timing. The bus company will not make any changes during a 3 week window before and after the first day of school.

Please note our transportation policy for distance states: The bus company makes their best attempts to locate stops no further than 1 mile from a home address.

Student Name(s)	Student Grade(s)
Change location of bus stop	<b>:</b>
Current Bus # Cur	rent Stop
# Students at stop Reque	ested Stop
Distance from your house to current sto	pp (google map)
can walk.)	st have a note from a medical doctor with information on the distance a student
Moved: New address to use	for busing:
Start date for new a	ldress:
Add a stop for a second pa Please provide the address to use for bu stop	rent / guardian household: sing, student schedule at each address, emergency contact and phone for new
Your Name	Email address
Thank you.	