

**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.*