

Bus Stop Change Request

Student Name _____ Grade: _____

Full Physical Address in JCampus _____

School _____ Type of Transfer by Attendance Depart. _____

Home Phone _____ Alternate Phone _____

Current Bus Stop _____ Bus number _____

Requested Bus Stop _____

Reason for Request _____

I understand consideration will be given to the above request, but change is not guaranteed. Unsafe or new stops will receive highest priority. Parents of magnet or out of district students must transport to the nearest designated stop as provided by the Transportation Department.

(please print)

Parent/Guardian Name _____

(Individual(s) must have legal custody)

Parent/Guardian Signature _____ Date: _____

Transportation Department Decision: Approved _____ Denied _____

Rationale: _____

Driver notified/Initial _____ Parent Notified _____