



TRANSPORTATION CHANGE REQUEST

Date: _____ Day Time Phone: _____ Email: _____

Parent Name: _____

(Please Print)

Student(s) Name: _____

(Please Print)

School: _____ Grade: _____ Route No. _____

Current Stop: _____ Requested Stop: _____

(List Cross Streets)

(List Cross Streets)

BUS STOP CHANGES **WILL NOT BE GIVEN FOR ANY OF THE FOLLOWING REASONS:**

- ❖ Accompanying adult unable to walk student to assigned stop
- ❖ Daycare accommodations/sitter issues
- ❖ Family health issues
- ❖ Unable to see student from window
- ❖ Unplowed sidewalks in winter
- ❖ Student requests to ride with friends on different route
- ❖ Students unable to get along with other student(s) at stop
- ❖ Alternating stops on different routes in a joint custody situation

CHECK ONE OF THE ITEMS BELOW FOR YOUR REQUEST TO BE GIVEN CONSIDERATION

- K-2 Student walking more than .12 of a mile (1 block)
- 3-8 Student walking more than .24 of a mile (2 blocks)
- Registered Sex Offender within route mapping
- Hazard/Unsafe stop during construction traffic as per IDOT regulations
- Request is an existing scheduled stop on the assigned student's route
- Other; Requires a detailed explanation with a diagram/map (see reverse side)

Please include all pertinent landmarks or critical items within the drawing.

Explanation:
