

TRANSPORTATION CHANGE REQUEST

Date: _____ Day Time Phone Number: _____

Parent Name: _____
(Please Print)

Student(s) Name: _____
(Please Print)

School: _____ Grade: _____ Route No. _____

Current Stop: _____ Requested Stop: _____
(List Cross Streets) (List Cross Streets)

BELOW INCLUDES, BUT NOT LIMITED TO, ITEMS THAT A BUS STOP CHANGE WILL NOT BE GIVEN:

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

CONSIDERATION TO YOUR REQUEST WILL BE GIVEN IF ONE OF THE ITEMS BELOW HAVE BEEN CHECKED:

1. _____ K-5 Student walking more than .12 of a mile (1 block).
2. _____ 6-8 Student walking more than .24 of a mile (2 blocks).
3. _____ Registered Sex Offender within route mapping.
4. _____ Hazard/Unsafe stop during construction traffic as per IDOT regulations.
5. _____ Request is an existing scheduled stop on the assigned student's route.
6. _____ Multiple siblings at different stops with conflicting time stops (K-5).
7. _____ Other; Requires a detailed explanation with a diagram/map (*see reverse side*).

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

Explanation:
