

CONEMAUGH TOWNSHIP AREA SCHOOL DISTRICT TRANSPORTATION REQUEST FOR BUS STOP CHANGE

(Request must be received by October 1st of current school year)

STUDENT INFORMATION

School/building: _____ Grade: _____

Name of student: _____

Street address: _____

Telephone number: _____

Current Transportation Information

a.m. bus #: _____ a.m. bus stop location: _____

p.m. bus #: _____ p.m. bus stop location: _____

Change Requested

a.m. bus #: _____ a.m. bus stop location: _____

p.m. bus #: _____ p.m. bus stop location: _____

Reason for change: _____

Signature: _____ Date: _____

(Parent/Guardian)

Date request was received: _____

Transportation request is (_____) Denied (_____) Approved

If denied, reason for denial: _____

Transportation Director: _____