



BUS STOP CHANGE REQUEST FORM

This form must be submitted every school year for approval. Bus stop changes do not carry forward from a previous year. *Requests must be received by July 31 each year to be effective on the first day of school.*

REQUESTED STARTING DATE OF CHANGE: _____

If a request is submitted after school has started – please allow 7-10 working days for change to occur.

School _____ **Grade** _____

Student Name _____ **Student ID#** _____

Street Address _____

Town _____

Home Phone # _____

Alternate Ph # _____

Parent/Guardian Signature

Date

REQUESTED TRANSPORTATION CHANGE:

A.M. REQUEST (PICK-UP)

P.M. REQUEST (DROP-OFF)

Address _____

Address _____

IF USING A CHILD CARE PROVIDER; PLEASE COMPLETE THE FOLLOWING:

Name _____

Address _____

Phone # _____

PLEASE RETURN COMPLETED FORM TO SCHOOL OR TO THE SOUDERTON AREA SCHOOL DISTRICT ADMINISTRATIVE OFFICE – 760 LOWER ROAD, SOUDERTON, PA 18964. FAX #: 215.723.8897