

**REQUEST FOR TRANSPORTATION CHANGES FORM**  
**(JEREMIAH GRAY AND ROSA PARKS EDISON SCHOOLS ONLY)**

SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

STUDENT NAME \_\_\_\_\_

PARENT NAME \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

HM PHONE \_\_\_\_\_ WK PHONE \_\_\_\_\_

REASON FOR REQUESTING TRANSPORTATION CHANGE \_\_\_\_\_

**CURRENT TRANSPORTATION STOP ADDRESS:**

AM \_\_\_\_\_ BUS # \_\_\_\_\_ Current

PM \_\_\_\_\_ BUS # \_\_\_\_\_

**REQUESTED TRANSPORTATION STOP ADDRESS:**

AM \_\_\_\_\_ BUS # \_\_\_\_\_ New

PM \_\_\_\_\_ BUS # \_\_\_\_\_

***ALL TRANSPORTATION REQUESTS ARE COMMITTED TO A ONE (1) YEAR ASSIGNMENT AND MUST BE APPROVED BY YOUR SCHOOL BEFORE CHANGES WILL BE GRANTED.***

APPROVED BY SCHOOL \_\_\_\_\_ YES NO \_\_\_\_\_ DATE \_\_\_\_\_  
Circle One

\_\_\_\_\_  
SCHOOL PRINCIPAL (OR DESIGNEE) SIGNATURE

APPROVED BY TRANSPORTATION \_\_\_\_\_ YES NO \_\_\_\_\_ DATE \_\_\_\_\_  
(BASED ALSO ON AVAILABLE SPACE) Circle One

\_\_\_\_\_  
TRANSPORTATION DIRECTOR (OR DESIGNEE) SIGNATURE

COMMENTS \_\_\_\_\_

***REQUESTED START DATE \_\_\_\_\_, SOME CHANGES THAT REQUIRE THE REROUTING OF A BUS MAY TAKE UP TO THREE (3) BUSINESS DAYS. 2017-2018***