**Avella Area School District
Bus Stop Change Request**

Dear Parent or Guardian:

Instructions: Please complete separate form for each student. Due to high volume of requests at the beginning of a school year, requests may take longer to investigate. Complete the information below and give to building secretary. You may fax your request to (724) 356-7905 for the High School or (724)-356-7892 for the Elementary.

Date of Request: Parent’s Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Child’s Full Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Daytime Phone Number(s): Home: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Work:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

School Attending: \_\_\_ Elementary or \_\_\_\_ Jr. / Sr. High School Grade:\_\_\_\_\_\_\_\_\_\_

**Present Bus Stop Information:**

Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Present Route #:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Time of Pick-up:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Drop off:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Reason for Change: (Provide details below and/or on back to draw maps, roads, etc.)

**Proposed Bus Stop Information:** Proposed New Location for Stop:

Estimated Distance from Present Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_( In Feet)

Parent's Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**(Transportation Department use only do not write below this line)**

Date Received: Received by: \_\_\_\_\_\_\_\_\_

Date Reviewed: Reviewed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date of Visit to Stop: Findings:

Recommended Action: **(\_\_\_\_) Disapproved or (\_\_\_\_) Approved**

Rationale:

If Approved – Effective Date of Change:

Check list Of Notifications

Building Transportation Secretary\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_­­­\_\_\_\_Notified via:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notified via:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Parent or Guardian\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_Notified via:\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Transportation Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_