





Dr. Daniel J. Dooley, Ed.D. Superintendent/Principal

Trish Birmingham School Business Administrator Alysia R. Thomson, M.Ed District Assistant Principal Lindsay Reed, Ed.S. Director of Special Services

2017-2018 Transportation Change Request Form

Please complete this form in its entirety when requesting a change in bus stop. Once complete, submit the form to the main school office. You will be notified within one school day if your request has been approved. ALL approved changes will take effect within two school days after approval.

Date of Reques	t:			
Student Name:			Parent/Guardian Name:	
Current Address:			Current Phone Number:	
Current Bus Number:			Current Bus Stop:	
		e in Bus Stop for the	e following reason:	
New Address 1	_			
Resident of Re	equested A	Address:		
Relationship to	o Student:			
Received by Office	Date	Initial/Reason		
Administrative Approval/Denial				
Transportation Coordinator Approval/Denial				
Parent Notification of Approval/Denial				
Change Effective Date				