

Bethel Park School District-Transportation Department

3064 Industrial Boulevard, Bethel Park, PA 15102

Phone: 412-854-8414 FAX: 412-854-8664

School Bus Stop Change Request

Use this form to request a change in the assigned bus stop location for your child(ren). All requests will be reviewed and evaluated based on the conditions reported. Bus stops are assigned in a manner that group students at stops to reduce the number of stops and routes necessary to operate the system safely and efficiently.

(PLEASE PRINT ALL INFORMATION)

Student's Name: _____ ID Number: _____

School: _____ Grade: _____

AM Transportation Address: _____

PM Transportation Address: _____

Name of Parent/Guardian: _____

Home Phone: _____ Work Phone: _____

Describe the safety hazard/concern:

PLEASE ATTACH A SKETCH OR DIAGRAM OF THE LOCATION IN QUESTION

Parent/Guardian Certification

I hereby certify that the information provide in this request is true and correct to the best of my knowledge. I further understand that the information provided will be investigated as part of the approval/disapproval process.

Date

Signature of Parent/Guarding

Transportation Director/Administrator

I/We hereby acknowledge that this request has been thoroughly investigated. The request has been:

Approved _____

Disapproved _____

If disapproved, the reasons are as follows: _____

Date: _____ Signature of Transportation Director: _____