

School _____ Bus # _____ (Grade) _____

Date: _____

REQUEST FOR CHANGE IN A BUS STOP LOCATION

(Regular Transportation)

Student Name _____ Student ID # _____

Address _____

Parent/Guardian Name _____

Home Phone Number _____ Work Phone Number _____

Current Bus Stop: _____

Change PICK UP to: _____

Change TAKE HOME to: _____

Reason for Request

Dear Parent/Guardian:

Due to the number of requests for changes of bus stop locations in September, the Transportation Office is not able to take changes by telephone. **All requests for bus stop changes must be made on this form. Bus drivers cannot make changes.** Please fill this form out and return it to school or mail it to the address below.

All requests will be reviewed as they are received. Changes affect each child at a stop. Therefore, if there is a lack of neighborhood agreement, the request will be DENIED. The Transportation office will notify you when changes will start. Please do not call the school about this request.

Some programs do not start until the second and third weeks of September; thus, we are still putting bus routes together during this time. **The Transportation Department will not address change requests between the dates of September 5th and September 20th to allow us to complete this routing.**

Priority will be given to safety issues.

Thank you for your patience.

Sincerely,

Chris Coderre, Transportation Manager
Mounds View School District #621
4570 Victoria Street North
St. Paul, MN 55126-5800
Fax # - 651-621-6026 or
E-mail: chris.coderre@moundsvIEWSchools.org

DISTRICT OFFICE USE ONLY: Date Received _____ Start Date _____ Date Notified _____ Denied _____