

School _____ Bus # _____

Date: _____

REQUEST FOR CHANGE IN A BUS STOP LOCATION (Kindergarten Transportation)

Student Name _____ Student ID # _____

Address _____

Parent/Guardian Name _____

Home Phone Number _____ Work Phone Number _____

Current PICK UP Stop: _____ M T W Th F

Current TAKE HOME Stop: _____ M T W Th F

Current ALTERNATE PICK UP Stop: _____ M T W Th F

Current ALTERNATE TAKE HOME Stop: _____ M T W Th F

CHANGE

PICK UP Stop: _____ M T W Th F

TAKE HOME Stop: _____ M T W Th F

ALTERNATE PICK UP Stop: _____ M T W Th F

ALTERNATE TAKE HOME Stop: _____ M T W Th F

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.

Bus changes are processed on Wednesdays, these bus changes then go into effect the following Monday. Once changes are made, the Transportation Office will issue a revised bus pass for your child. Your child will receive this revised bus pass from staff/teachers at their school.

Please NOTE that the Transportation Department will not address change requests between the dates of September 5th and September 20th. 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
(651) 621-6026 / Fax
E-mail: Transportation@moundsvIEWSchools.org

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