FREEDOM AREA SCHOOL DISTRICT
TRANSPORTATION CHANGE REQUEST

1. All requests must be submitted to the building's main office prior to approval. **TWO SCHOOL DAYS NOTICE IS NEEDED BEFORE A REQUEST CAN BE APPROVED.**

2. Change requests will only be considered for approval if the request is to an existing bus/van, an existing stop and does not overload the requested bus/van.

STUDENT'S NAME _____

ELEMENTARY MIDDLE SCHOOL HIGH SCHOOL GRADE_____

STUDENT'S ADDRESS _____

_____

PARENT/GUARDIAN NAME _____PHONE#_____

CURRENT BUS #_____ CURRENT STOP_____

REQUESTED A.M. BUS #_____

REQUESTED A.M. BUS STOP_____

REQUESTED A.M. DAYS (PLEASE CIRCLE) M T W TH F

REQUESTED P.M. BUS #_____

REQUESTED P.M. BUS STOP_____

REQUESTED P.M. DAYS (PLEASE CIRCLE) M T W TH F

BEGIN DATE _____ END DATE _____

PARENT/GUARDIAN SIGNATURE _____