



**ROCHESTER COMMUNITY SCHOOLS**  
**TRANSPORTATION CENTER** Phone # 248.726.5925 Fax # 248.726.5935  
**Inquiry Form 076-6**

Please complete all of the applicable areas on this form. Failure to do so will delay the decision-making process. Complete one form for each school. **PLEASE PRINT.**

Date: \_\_\_\_\_ School: \_\_\_\_\_

Present Run #: \_\_\_\_\_ Stop Location: \_\_\_\_\_

Name of Student(s): \_\_\_\_\_  
 \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Address: \_\_\_\_\_

Phone Number where you can be reached during the day: \_\_\_\_\_

This Request is regarding:	
_____ Determination for Transportation Eligibility	Parent's Signature: _____
_____ Stop Location Change	
_____ Other Inquires	

Reason for Request: \_\_\_\_\_

Please be advised that your request may not be processed until the  
 Fourth Friday after the start of school.

\*\*\*\*\*FOR OFFICE USE ONLY\*\*\*\*\*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_

Measurement: \_\_\_\_\_ Rationale: \_\_\_\_\_

Route: _____	Driver: _____	Run: _____
Change Made: _____		
_____		