



Marple Newtown School District
Transportation Department
28 Media Line Road
Newtown Square, PA
19073

(610) 359-4299 Fax: (610) 353-8177

Email: transportation@mnsd.org

Student Transportation Change Request Form

Parent /Guardian Name: _____ Date: _____

Address: _____

Telephone: _____

Name of Student: _____

Assigned School: _____

Current Stop Location: _____ A.M. [] P.M. []

Current Bus Assignment: A.M. Bus # _____ P.M. Bus # _____

Requested Stop Location: _____ A.M. [] P.M. []

Reason for Request: _____

Parent/Guardian Signature: _____

<p>Transportation Department Use Only:</p> <p>Request Approved [] Request Denied [] – see comments</p> <p>If request is approved: A.M. Bus # _____ Pickup Time: _____ P.M. Bus # _____ Drop off time: _____</p> <p>Effective Date: _____</p> <p>New Stop Location/Action Taken: _____</p> <p>Comments: _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>Request Reviewed By: _____ Date: _____</p>
