

District 95 Administration Center - 832 South Rand Road - Lake Zurich IL 60047

Phone: (847) 438-2831 FAX: (847) 438-6702

## IMPORTANT NOTE:

ALL STUDENT PICK-UP AND DROP-OFF LOCATIONS MUST BE THE SAME FOR MORNING AND AFTERNOON TRANSPORTATION EACH DAY OF THE WEEK.

## **BUS STOP CHANGE REQUEST FORM**

Date of Request:		School:	
Student Name:			_Grade:
Parent/Guardian Name	e:		
Home Address:			
Current Assigned Bus S	Stop Location:		
Request For Change: T	o request a bus stop <b>other tha</b>	n home address:	
Daycare Name or Alter	rnate Address:		
Contact Phone:		_ Contact Email:	
Request For Review: T	o request a bus stop <b>other thar</b>	n what is currently assign	ed:
Requested Bus Stop Lo	ocation:		
Reason for Request/Ch	nange:		
PARENT/GUARDIAN ACKNOWLEDGEMENT:  I understand that it is the school district's policy for students to use the same bus stop 5 days a week for both pick-up and drop-off transportation services. This procedure is enforced to ensure safety and efficiency for all students.			
Parent/Guardian Signature			Date
OFFICE USE ONLY:	Approved By:	Unapproved By:	Start Date:
Contacted Parent/Gua	rdian:		Contact Date: