

**CHILD CARE - REQUEST FOR STUDENT STOP ASSIGNMENT CHANGE**  
BUTLER AREA SCHOOL DISTRICT - TRANSPORTATION DEPARTMENT

TODAY'S DATE: \_\_\_/\_\_\_/\_\_\_

STUDENT'S NAME:(LAST)\_\_\_\_\_ (FIRST)\_\_\_\_\_ (MI)\_\_\_\_\_ SCHOOL:\_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ GRADE: \_\_\_\_\_

PARENT NAME: M/M MR MS \_\_\_\_\_ HOME PHONE: (\_\_\_\_)\_\_\_\_-\_\_\_\_ WORK: (\_\_\_\_)\_\_\_\_-\_\_\_\_

**MUST COMPLETE ONE FORM PER CHILD**

**\*\*Must be received prior to July 15<sup>th</sup> in order to be in effect for the first day of school.\*\***

**REQUEST FOR BUS ASSIGNMENT CHANGE:** The policy of the Board of School Directors on bus stops reads:

"The assignment of school bus stops is the responsibility of the school district. Parents/Guardians **must** recognize that bus stop assignments **cannot** be customized to meet every individual need and still be part of an efficient and economical transportation system."

1. **THIS REQUEST IS NULL AND VOID AT THE END OF THE SCHOOL YEAR.**
2. Granting of such requests will be considered as temporary if subject to overloads created as a result. The request will be terminated should space be required to seat additional students legitimately assigned on the basis of address or if the student violates any of the Board approved bus regulations.
3. A new form will be required to change this request.

**REQUEST MUST BE FOR EACH FIVE (5) DAYS IN THE WEEK**

**Please allow 5 – 7 business days for processing.**

Change Requested: (Please indicate time period for which this change is requested, entire school year, or other specific time period.)

TIME PERIOD INVOLVED: \_\_\_/\_\_\_/\_\_\_ - \_\_\_/\_\_\_/\_\_\_  AM Only  PM Only  AM & PM

**RESPONSIBLE PARTY AT REQUESTED LOCATION (Information Must Be Complete):**

NAME: \_\_\_\_\_ HOME PH: (\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CELL PH: (\_\_\_\_) \_\_\_\_\_

CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

**PROPOSED ASSIGNMENT (MUST BE AN ESTABLISHED STOP):**

**AM BUS # \_\_\_\_\_ BUS STOP: \_\_\_\_\_ SCHOOL: \_\_\_\_\_**

**PM BUS # \_\_\_\_\_ BUS STOP: \_\_\_\_\_**

(If bus information is not known then transportation staff will insert correct information)

**PARENT SIGNATURE: \_\_\_\_\_ PRINCIPAL SIGNATURE: \_\_\_\_\_**

(Required if not child's home school)

**\* SUBMIT ORIGINAL COMPLETED FORM TO SCHOOL YOUR CHILD ATTENDS \***

\* A COPY MAY BE FAXED TO THE TRANSPORTATION DEPARTMENT AT: **724-287-0634** \*

**SECTION TO BE COMPLETED BY TRANSPORTATION OFFICE:**

RECEIVED: \_\_\_/\_\_\_/\_\_\_ ENTERED: \_\_\_/\_\_\_/\_\_\_  APPROVED  DENIED

Copy to:  
 File  School

REQUEST RETURNED: \_\_\_/\_\_\_/\_\_\_ EXPLANATION: \_\_\_\_\_

Revised 10/13/2020