

Bus Stop or Route Change Request Form

Student(s) _____ Date _____

Student(s) school: _____ Assigned bus route and stop: _____

Student(s) street address: _____

Contact Information: Day phone: () _____ Email: _____

Does this change apply to all days or only certain days of the week? All Days M T W Th F
(Checkmark appropriate day(s))

Does this change apply to: Pick-up (AM)? Drop-off (PM)? Both (AM & PM)?

Change location of pick-up or drop-off to a different bus stop

Add stop to bus route

Describe change needed, include addresses: _____

Parent/Guardian Printed Name _____ Parent/Guardian Signature _____

Please return request form to:

Durham Transportation
511 Chambers
Steilacoom, WA. 98388
Fax 253-584-1616 or Email transportation@steilacoom.k12.wa.us

If you have further questions please contact Durham at 253-584-1365 or transportation@steilacoom.k12.wa.us.

Durham Transportation's Response:

Action taken on request: _____

Parent Contacted by: _____ Date: _____

Review & Appeal Process

- Parent/Guardian submits request form to Durham Transportation
- For change of location for pick-up/drop-off, Durham reviews request and responds within 7 business days
- For adding a stop to a bus route, the Transportation Safety Committee meets quarterly. Steilacoom Historical School District will respond after the meeting.
- Parent/Guardian can appeal to the Superintendent