

School \_\_\_\_\_ Bus # \_\_\_\_\_ (Grade) \_\_\_\_\_

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

## REQUEST FOR CHANGE IN A BUS STOP LOCATION

(Regular Transportation)

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Address \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Home Phone Number \_\_\_\_\_ Work Phone Number \_\_\_\_\_

Current Bus Stop: \_\_\_\_\_

Change PICK UP to: \_\_\_\_\_

Change TAKE HOME to: \_\_\_\_\_

Reason for Request

\_\_\_\_\_

\_\_\_\_\_

Dear Parent/Guardian:

**All requests for bus stop changes must be made on this form. The Transportation Department is not able to take changes by telephone. *Bus drivers are not allowed to make changes.*** Please fill this form out and return it to school, mail it to the address below or return via email to the address below.

Multiple programs do not start until later in September; thus, we are still putting bus routes together the first two weeks of school. **The Transportation Department will not address CHANGE requests between the dates of September 1st and September 16th** to allow time for safe and efficient routing of those programs.

All requests will be reviewed as they are received. Changes can affect each child at a stop, therefore, if there is a lack of neighborhood agreement, the request will be DENIED. Transportation staff will notify you if your request has been approved or denied.

Sincerely,

Transportation Department  
Mounds View School District #621  
4570 Victoria Street North  
St. Paul, MN 55126-5800

E-mail: [transportation@moundsviewschools.org](mailto:transportation@moundsviewschools.org)

DISTRICT OFFICE USE ONLY: Date Received \_\_\_\_\_ Start Date \_\_\_\_\_ Date Notified \_\_\_\_\_ Denied \_\_\_\_\_