

MERCER AREA SCHOOL DISTRICT

Request for Change of Transportation and/or Address

Mr. Mark Roman, Transportation Director
724-662-5100 ext. 40

	Students Name (s)	Grade		Home Address
1				
2				Street Apt. #
3				City State ZIP
	Parent/Guardians Name (s)	Relationship		<input type="checkbox"/> This is a <u>NEW</u> address.
				Telephone Contact Numbers:
Today's Date: _____ Reason for Request: _____				

NEW INFORMATION

Requested <u>PICK UP</u> Address
<input type="checkbox"/> HOME (Address listed above)
Street Apt. #
City
Requested <u>DROP OFF</u> Address
<input type="checkbox"/> HOME (Address listed above)
Street Apt. #
City
REQUESTED Date to Begin: _____ PLEASE ALLOW 2-3 DAYS TO TAKE EFFECT

OLD INFORMATION

Previous PICK UP Address	Bus#
<input type="checkbox"/> HOME (Address listed below)	
Street Apt. #	
City	
Previous DROP OFF Address	Bus#
<input type="checkbox"/> HOME (Address listed below)	
Street Apt. #	
City	
Complete form and submit to: Elementary: Main Office MID/HS: Guidance Office	

PLEASE DO NOT WRITE BELOW THIS LINE- TRANSPORTATION DEPT. ONLY

NEW: AM	BUS# _____	TIME: _____	PARENT _____	_____
NEW: PM	BUS# _____	TIME: _____	SCHOOL _____	_____
EFFECTIVE DATE: _____			BUS _____	_____
			System _____	_____