

FOX CHAPEL AREA SCHOOL DISTRICT

REQUEST FOR BUS STOP/ROUTE CHANGE/ADDITION/DELETION

School: _____ Current Bus: _____ Date: _____

Parent's Name: _____ Phone (H): _____ (W): _____

Student's Name: _____ Grade: _____ Walker Bus rider

Student's Name: _____ Grade: _____ Walker Bus rider

Student's Name: _____ Grade: _____ Walker Bus rider

Address: _____

Child Care Provider Name: _____ Address: _____
(Must be in School Attendance Area)

Phone #: _____ A.M. Pick-up Bus #: _____ P.M. Drop-off Bus #: _____

NATURE OF REQUEST: _____

ACTION TAKEN: _____

FCASD – Principal's Approval

Date

Please Note:

Bus assignment change requests should only be approved for long term child care circumstances and are contingent upon availability of space. Space availability must be verified before granting request.

Changes requested for personal convenience should not be considered.