

REQUEST FOR BUSING CHANGE

*** **NOTE:** This form is for changes to existing students. New students, please fill out the bus registration form found on the school's website.

Date: _____

Parent/Guardian Name: _____

Home Address: _____

Phone Number: _____

Student Name: _____

Student Grade: _____

School: _____

Current Bus #: _____

Current Bus Stop: _____

Briefly describe the nature of your request:

Please email your request to ***mhoagland@shschools.com***

Allow 3-5 business days to process requests.