

**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.