



TRANSPORTATION CENTER

Email: transportationdocuments@rochester.k12.mi.us

Inquiry Form 076-6

*Please complete all of the applicable areas on this form. Failure to do so will delay the decision-making process. Complete one form for each school. **PLEASE PRINT.***

Date: _____ School: _____

Present Run #: _____ Stop Location: _____

Name of Student(s):

Name of Parent/Guardian: _____

Home Address: _____

Phone Number where you can be reached during the day: _____

This Request is regarding: Please check applicable reason

_____ Determination for Transportation Eligibility

_____ Stop Location Change

_____ Other Inquiries Please state: _____

Parent's Signature: _____

Reason for Request: _____

Please be advised that the review process will not start until the Fourth Friday after the start of school. Requests will be processed in the order that they are received.

Return this form to: transportationdocuments@rochester.k12.mi.us

*****FOR OFFICE USE ONLY*****

Approved: _____ Disapproved: _____ Date: _____

Measurement: _____ Rationale: _____

Route: _____ Driver: _____ Run: _____

Change Made:
