

West Chester Area School District Transportation Office  
**Bus Stop Change Request Form**

**This form is for parents requesting a bus stop change only. It is not for change of address or day care.**

Please refer to the *Instructions for School Transportation Change Request* and provide your information below.

**Submit form to:** West Chester Area School District Transportation Office, ATTN: Parent Request Department, 782 Springdale Dr., Exton PA 19341 OR Fax to (484) 266-1181 OR Email to [transportation@wcasd.net](mailto:transportation@wcasd.net)

**TODAY'S DATE:** \_\_\_\_\_

**Parent/Guardian Information**

Parent/Guardian Name(s): \_\_\_\_\_

Street Address: \_\_\_\_\_ City & ZIP: \_\_\_\_\_

Phone Numbers Cell: \_\_\_\_\_ Work: \_\_\_\_\_ Ext. \_\_\_\_\_ Home: \_\_\_\_\_

Email Address: \_\_\_\_\_

Preferred Contact Method (check one box): Cell #  Work #  Home #  Email

(If request is denied, final correspondence will be in writing to home address listed above)

**Student Information**

	Student Name(s)	Student Grade	Student School
1.			
2.			
3.			
4.			
5.			

**Current Bus Information**

<b>A.M. Bus #</b> _____ Street Location of A.M. Bus Stop: _____	
<b>P.M. Bus #</b> _____ Street Location of P.M. Bus Stop: _____	

**Requested Bus Stop Change**

Please use the space below to provide the necessary information concerning your current bus stop and your explanation of the change you are requesting. Attach additional information if necessary.