

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

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

A.M. Bus # _____ Street Location of A.M. Bus Stop: _____	
P.M. Bus # _____ 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.