

School _____

Bus # _____

Date: _____

Kindergarten Bus changes are processed on Wednesdays, these bus changes then go into effect the following Monday. Once changes are made, the Transportation Office will notify you.

REQUEST FOR CHANGE IN A BUS STOP LOCATION (Kindergarten Transportation)

Student Name _____ Student ID # _____

Address _____

Parent/Guardian Name _____

Home Phone Number _____ Work Phone Number _____

Current PICK UP Stop: _____ ☐M ☐T ☐W ☐Th ☐FCurrent TAKE HOME Stop: _____ ☐M ☐T ☐W ☐Th ☐FCurrent ALTERNATE PICK UP Stop: _____ ☐M ☐T ☐W ☐Th ☐FCurrent ALTERNATE TAKE HOME Stop: _____ ☐M ☐T ☐W ☐Th ☐F

CHANGE

PICK UP Stop: _____ ☐M ☐T ☐W ☐Th ☐FTAKE HOME Stop: _____ ☐M ☐T ☐W ☐Th ☐FALTERNATE PICK UP Stop: _____ ☐M ☐T ☐W ☐Th ☐FALTERNATE TAKE HOME Stop: _____ ☐M ☐T ☐W ☐Th ☐F

Reason for Request

Requested Date of Change: _____

Dear Parent/Guardian:

All requests for bus stop changes must be made on this form. The Transportation Department is not able to take changes by telephone. *Bus drivers are not allowed to make changes.* Please fill this form out and return it to school, mail it to the address below or return via email to the address below.

Multiple programs do not start until later in September; thus, we are still putting bus routes together the first two weeks of school. The Transportation Department will not address CHANGE requests until the third week of school to allow time for safe and efficient routing of those programs.

All requests will be reviewed as they are received. Transportation staff will notify you if your request has been approved or denied.

Sincerely,
Transportation Department
Mounds View School District #621
4570 Victoria Street North
St. Paul, MN 55126-5800
E-mail: transportation@moundsvIEWSchools.org

DISTRICT OFFICE USE ONLY: Date Received _____ Start Date _____ Date Notified _____ Denied _____