



WILLOUGHBY-EASTLAKE CITY SCHOOLS
Bus Stop Location Change Request Form

Use this form to request relocation of a bus stop or change in student pick up/drop of location

Student & Parent Information

Student Name: _____

School: _____

Grade Level: _____

Home Address: _____

Parent/Guardian Name: _____

Phone Number: _____

Email Address: _____

Type of Request (Check all that apply)

- Request for **bus stop location change**
 - Request for **different pick-up/drop-off location** (e.g., change bus stops)
 - Request for **temporary transportation change**
 - General transportation concern or feedback
 - Other: _____
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Reason for Request

(Please explain the reason for your request and include dates if applicable.)



Requested Change Details (If applicable)

Current Bus Stop Location: _____

Requested Bus Stop Location: _____

Requested Effective Date: _____

Parent/Guardian Signature

I understand that requests may take up to **10 school days** to process and approval is subject to district policy, safety guidelines, and bus capacity.

Signature: _____

Date: _____

District Use Only

Approved Denied More information needed

Reviewed By: _____

Date: _____

Notes: _____

*Please print and complete this form and return to the
W-E Board of Education building located at
35353 Curtis Blvd, Eastlake, Ohio*