

# MERCER AREA SCHOOL DISTRICT

## Request for Change of Transportation and/or Address

Mr. Mark Roman, Transportation Director  
724-662-5100 ext. 40

	Students Name (s)	Grade		Home Address
1				
2				Street <span style="float: right;">Apt. #</span>
3				City <span style="float: right;">State ZIP</span>
	<b>Parent/Guardians Name (s)</b>	<b>Relationship</b>		<input type="checkbox"/> <b>This is a <u>NEW</u> address.</b>
				<b>Telephone Contact Numbers:</b>
Today's				
Date: _____ Reason for Request: _____				

### NEW INFORMATION

Requested <u>PICK UP</u> Address
<input type="checkbox"/> HOME (Address listed above)
Street <span style="float: right;">Apt. #</span>
City
Requested <u>DROP OFF</u> Address
<input type="checkbox"/> HOME (Address listed above)
Street <span style="float: right;">Apt. #</span>
City
<b>REQUESTED Date to Begin:</b> _____
<b>PLEASE ALLOW 2-3 DAYS TO TAKE EFFECT</b>

### OLD INFORMATION

Previous PICK UP Address	Bus#
<input type="checkbox"/> HOME (Address listed below)	
Street <span style="float: right;">Apt. #</span>	
City	
Previous DROP OFF Address	
<input type="checkbox"/> HOME (Address listed below)	
Street <span style="float: right;">Apt. #</span>	
City	
<b>Complete form and submit to:</b>	
Elementary: Main Office	
MID/HS: Guidance Office	

PLEASE DO NOT WRITE BELOW THIS LINE- TRANSPORTATION DEPT. ONLY

NEW: AM	BUS# _____	TIME: _____	PARENT _____	
NEW: PM	BUS# _____	TIME: _____	SCHOOL _____	
EFFECTIVE DATE: _____			BUS _____	
			System _____	