Minersville Area School District

Bus Stop Change Request Form

Request Forms must be submitted three (3) business days prior to the requested start date.

Parent/Guardian Information

Parent/Guardian Name:

Home Phone: Cell Phone: Email:

Student Information

Student Name(s) and Grade(s):

1.

2.

3.

4.

5.

6.

Bus Stop Change Information

Requested Pick-Up Location:

Requested Start Date:

Requested Drop-Off Location:

Reason for Requested Change:

☐ Permanent Change of Address. *Proof of Residency required.*

☐ Permanent Change of Childcare. *Name and Phone Number required.*

☐ Temporary Change

Temporary Bus Stop Change Request

Explanation of Situation: *(Include Start/End Dates with reason)*

Parent/Guardian Signature:

Today's Date:

I understand that unless this is a temporary request, this change is permanent and will remain in effect until I notify the School District otherwise.

Return the completed request form to transportation@battlinminers.com.

For Transportation Department Use Only:

Time Request Received: Date Request Received:

A.M. Bus Number: Pick-Up Time: A.M. New Stop Location:

P.M. Bus Number: Drop-Off Time: P.M. New Stop Location:

Parent Notified By: Date of Notification: