

**PARK CITY SCHOOL DISTRICT
REQUEST FOR TRANSPORTATION CHANGE**

Complete and return this form to the Transportation Director. Please print or type. Allow three (3) school days for processing this request. A request will not be in effect until it has been processed and approved by the transportation department.

STUDENT'S NAME: _____

SCHOOL: _____ GRADE: _____

PRESENT BUS NUMBER: _____ PRESENT BUS STOP: _____

CHANGE TO BUS NUMBER: _____ CHANGE TO BUS STOP: _____

REQUESTED DATE(S) OF CHANGE: _____

REASON FOR CHANGE REQUEST: _____

PARENT/GUARDIAN NAME(S): _____

HOME/STREET ADDRESS: _____

DAYTIME PHONE NUMBER(S): () _____ () _____

CELL PHONE NUMBER(S): () _____ () _____

FAX NUMBER: () _____ EMAIL: _____

PARENT/GUARDIAN SIGNATURE: _____

DATE: _____

NAME OF PERSON STUDENT STAYING WITH: _____

HOME/STREET ADDRESS: _____

PHONE NUMBER: () _____ FAX NUMBER: () _____

CELL PHONE NUMBER(S): () _____ () _____

For Transportation Office Use Only:

REQUEST APPROVED: _____ REQUEST DENIED: _____

DIRECTOR OF TRANSPORTATION SIGNATURE: _____

DATE: _____

OFFICE: 8460 BLUEBIRD LANE PHONE: 1-435-645-5600 FAX: 1-435-645-5669

EMAIL: rvelazquez@pcschoools.us