



PINE GROVE AREA SCHOOL DISTRICT

Promoting Growth, Achievement, Success, and Direction for ALL Children!



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TRANSPORTATION CHANGE FORM

**BUS STOP CHANGES MUST BE COMPLETED & SUBMITTED TO THE
TRANSPORTATION OFFICE 3 DAYS PRIOR TO THE REQUESTED CHANGE DATE.**

Parent Contact Information

Parent/Guardian Name: _____

Date of Request: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Student Information

Student Name: _____ Teacher: _____ Grade: _____

BUS STOP CHANGE INFORMATION (NOTE: REQUESTS MUST BE SUBMITTED 3 DAYS PRIOR TO THE REQUESTED DATE)

Check One of the Following

Permanent Change of Residence: _____

Permanent Change of Sitter: _____

Temporary: _____

Alternate: _____

Requested Pick-Up Location: _____

Requested Drop-Off Location: _____

Reason for Change: _____

Parent Signature: _____ Date: _____

(I understand that unless this is a temporary situation, this change will remain in effect until I notify the District.)

For Transportation use only:

Date request received:

AM PICK-UP LOCATION: _____

PM Drop-Off Location: _____

Notified: Newhurst: _____ ES _____ MS _____ HS _____ Teacher _____ Parent: _____

Date: _____ Time: _____