

ISD 719
Prior Lake- Savage Area Schools
4540 Tower St SE
Prior Lake, MN 55372
Office phone: 952.226.0050
Email: PLSAstransportation@gmail.com

REQUEST TO CHANGE AN ASSIGNED STOP

School of Attendance. _____ Date _____

Name of Student(s). _____ Grade _____

Name of Student(s) _____ Grade _____

Address of Student(s) _____ Phone _____

Current Bus Stop. _____ Current Bus No. _____

Request To: (Check One) _____ Add Stop _____ Change Stop

Bus Stop Change Request to: _____

Reason for Request: _____

Parent Name (printed) _____

Parent Signature: _____

- Changes related to safety issues will take precedence.
- Students residing on dead end streets/cui-de-sacs are expected to walk to the nearest intersection to access a bus stop.
- Bus stops may not be visible from the student's home.
- Bus stop change requests will not be considered until the third week of the new school year.

For Transportation Use Only:

Date Request Received _____

Request is: _____ Approved _____ Effective Date _____ Denied

Bus Number _____ New Bus Stop _____ Time _____

Remarks _____

Response Made By _____ Date _____