

BUS REQUEST/CHANGE FORM

NOTE: A student may be assigned to ONE ROUTE/ONE STOP ONLY!

Student's Name _____ Grade _____ ID# _____

Address: _____

Parent's Name: _____ Phone # to be reached at _____

Route Assigned to: # _____ Stop Assigned to: _____

Requested Route # _____ Requested Stop: _____

Parent **MUST CHECK** one (1) of the following, complete the appropriate information, and **SIGN** below.

1. _____ I am requesting a bus route change because we have moved.

New address: _____ New Phone # _____

2. _____ Student is **NOT YET** assigned to a route.

3. _____ I am requesting a different stop on the **SAME ROUTE** for my child.

4. _____ I am requesting a **DIFFERENT ROUTE** for my child. I understand that a change will be honored only if space is available.

REASON for requested change:

_____ An Alternate address is to be used for transportation purposes.

The alternate address is: _____

The **ALTERNATE ADDRESS** is that of (Circle 1): Parent's Work Relative DayCare/Sitter

Other Reason: _____

5. _____ I feel that the stop for my child is **UNSAFE**. (A visit by HISD SAFETY will be required to assess the situation. Verifiable data provided by the parent could expedite the process.)
EXPLAIN the danger and include the exact location/address where the danger exists:

Date: _____ Parent's Signature: _____

E-Mail address: _____