

Swartz Creek Community Schools
Request for Bus Stop Modification
Please Print in Ink or Type

If the purpose of your request is: _____ Unsafe Stop _____ No Stop _____ New Student _____ Address Change _____ Stop Change _____ Other: _____	Return to: Swartz Creek Community Schools Transportation Department Swartz Creek, MI 48473
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Request for ineligible student _____	Return to: Principal of School for which transportation service is requested***
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School Name: _____
 Name of Parent/Guardian: _____ Date Completed by Parent: _____
 Address: _____ Home Telephone: _____
 _____ Business Telephone: _____

City	State	Zip Code	
Student(s) Involved: _____	Age: _____	Grade: _____	Route Number/Color/Name: _____
_____	_____	_____	Present Stop Location: _____
_____	_____	_____	Proposed Stop Location: _____
_____	_____	_____	_____

If available, please include a map of areas affected.
 Reason For Request:

****PLEASE ALLOW 10 BUSINESS DAYS FROM RECEIPT OF THIS FORM BY THE
 TRANSPORTATION DEPARTMENT FOR A RESPONSE****

 ***This form has been reviewed as to the transportation status for the above named ineligible student/students.

Signature of Principal _____
 Date _____