

**GATEWAY SCHOOL DISTRICT  
TRANSPORTATION REQUEST FOR CHANGE**

**STUDENT INFORMATION**  
(To be completed by Parent / Guardian)

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Student Address: \_\_\_\_\_

**PRESENT TRANSPORTATION INFORMATION**

a.m. bus number: \_\_\_\_\_ a.m. bus stop: \_\_\_\_\_

p.m. bus number: \_\_\_\_\_ p.m. bus stop: \_\_\_\_\_

**REQUEST FOR CHANGE**

a.m. bus number: \_\_\_\_\_ a.m. bus stop: \_\_\_\_\_

p.m. bus number: \_\_\_\_\_ p.m. bus stop: \_\_\_\_\_

Reason for **CHANGE** Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Parent / Guardian)

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**OFFICE USE ONLY**

Date request received: \_\_\_\_\_ Date request returned: \_\_\_\_\_

Transportation request reviewed by: \_\_\_\_\_

(Please print name)

Date request was reviewed: \_\_\_\_\_

Transportation request is (\_\_\_\_\_) Denied (\_\_\_\_\_) Approved

If Denied – Reason for denial: \_\_\_\_\_

\_\_\_\_\_