

**ROWAN-SALISBURY SCHOOLS**  
**TRANSPORTATION SERVICE REQUEST FORM**

Please Print or Type

(Submit the Service Request to the school. The school will date and forward all copies to the Transportation Department)

School Name \_\_\_\_\_

Date Received by School \_\_\_\_\_

Purpose of Request (Please Circle One): **Unsafe Stop**   **No Stop**   **New Student**   **Address Change**   **Stop Change**   **Transfer Student**

Name of Parent/Guardian: \_\_\_\_\_

Date Completed by Parent: \_\_\_\_\_

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

Home Telephone: \_\_\_\_\_

\_\_\_\_\_

Business Telephone: \_\_\_\_\_

Student(s) Involved:

Age:

Grade:

Bus Number: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Present Stop: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Draw a map. Indicate main roads, present stop, distance from house to proposed stop, etc.*

**REASON FOR REQUEST:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

***PARENT SIGNATURE***

Bus Coordinator comments: \_\_\_\_\_

\_\_\_\_\_

Transportation approvals per RSS BOE Policy School Assignments 4150 Section E. (1) may be temporary due to bus route changes.

*Transportation Use Only (Do Not Write Below Line)*

Date Received: \_\_\_\_\_

DENIED: \_\_\_\_\_

APPROVED: \_\_\_\_\_

Assigned Bus: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Approximate AM Time: \_\_\_\_\_

Bus Stop Description: \_\_\_\_\_ Approximate PM Time: \_\_\_\_\_

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

