

Procedure for Requesting Bus Stop Location Change

Complete a Bus Stop Change Form (second page of this document). Please indicate the assigned stop location and bus number. Indicate the requested stop location, the reason for the request, and whether the request is for the A.M. and/or P.M. assignment.

Fax to 570-562-3205 or mail the completed form to:

Superintendent's Office

Riverside School District

300 Davis Street

Taylor, PA 18517

Upon receiving the form, the Superintendent will review the request using the Bus Stop Location Guidelines criteria and respond in a timely manner. Responses to change requests are answered in the order received.

BUS STOP CHANGE REQUEST FORM

Parent/Guardian
Name: _____ Date _____

Address: _____

Telephone #: _____

Student Name: _____

Assigned School: _____

Current Stop Location: _____ AM () PM ()

Current Bus Assignment: AM Bus # _____ PM Bus # _____

Requested Stop Location: _____ AM () PM ()

Reason for Request: _____

Parent/Guardian Signature: _____

Transportation Department Use Only:

Request Approved () Request Denied () see comments

If request is approved: AM Bus # _____ Pickup Time: _____

PM Bus # _____ Drop off Time: _____

Effective Date: _____

New Stop Location/Action Taken: _____

Comments: _____

Request Reviewed By: _____ Date _____