

REYNOLDS SCHOOL DISTRICT
 TRANSPORTATION DEPARTMENT
 BUS STOP / ADDRESS CHANGE REQUEST

All students are assigned to a specific bus and bus stop. The child may be picked up at one location and dropped off at a different location, but this must be done on an everyday basis. Valid reasons for a change in bus assignments include a family move within the district, a change in child care, and unforeseen emergencies (e.g. death in family, hospitalization of family member). Transportation is provided for students living within the limits of the Reynolds School District and a change in bus assignments must be on an established bus route.

I request the following change in transportation arrangements for my child(ren):

Student(s): Name: _____ Name: _____ Name: _____	Grade _____ _____ _____	<table border="0" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center;">Old Bus *</td> <td style="width: 50%; text-align: center;">New Bus *</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> </tr> <tr> <td colspan="2" style="text-align: center; padding-top: 10px;">* School Use</td> </tr> </table>	Old Bus *	New Bus *	_____	_____	_____	_____	_____	_____	* School Use	
Old Bus *	New Bus *											
_____	_____											
_____	_____											
_____	_____											
* School Use												

Parent/Guardian: _____

Current Address: _____

Phone: _____

Reason for Change: _____

Address for New Bus Stop: _____

Contact Name: _____ Contact Phone: _____

Effective Date(s): Starting: ___/___/___ Ending: ___/___/___ or Permanent _____

Bus Times: AM _____ PM _____ Both _____

Parent/Guardian Signature: _____ Date: ___/___/___

Approval Signature: _____ Date: ___/___/___