

Reynoldsburg City School District Transportation Department  
7932 E. Main St. Reynoldsburg, Ohio 43068  
(614) 501-1041

## Change of Bus Stop Assignment Request Form

Reynoldsburg students who qualify for school transportation based on their home address may request to change their assigned bus stop to another existing stop within their home school's attendance area. Please complete this form and turn it in to your bus driver or school. Change requests if approved, are permanent, five days per week. Accommodations may be limited according to space availability.

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

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Parent or Guardian: \_\_\_\_\_

Telephone Numbers: Work: \_\_\_\_\_ Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Student's Home School: \_\_\_\_\_

Student's Current Bus Stop Location: \_\_\_\_\_

This request is for approval of:

\_\_\_\_\_ Change my a.m. bus stop

\_\_\_\_\_ Change my p.m. bus stop

\_\_\_\_\_ Change my a.m./p.m. stop

\_\_\_\_\_ Change my noon kindergarten stop

I request to use the existing bus stop at: \_\_\_\_\_

Effective date: \_\_\_\_\_

The reason for this request is: \_\_\_\_\_  
\_\_\_\_\_

If request is for babysitting, please provide the following information:

Babysitter's Name \_\_\_\_\_

Babysitter's Address \_\_\_\_\_

Babysitter's Phone No. Home: \_\_\_\_\_ Cell: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Signature of parent/guardian with custody**

**Date**

**For Office Use Only**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Approved**

**Signature of Transportation Supervisor**

**Date**