BUS STOP CHANGE REQUEST

Date of request: _____

Student name: _____
LAST NAME FIRST NAME

Address: _____

Name of person requesting: _____

Phone: Home # _____ Cell # _____

Work # _____

School: _____

Bus #: _____ Number of students at bus stop: _____

Existing bus stop location: _____

Requested bus stop location: _____

Reason for request: _____

_____

_____

_____

Send completed form to: **Kettering City Schools**
Transportation Department
2640 Wilmington Pk.
Kettering, OH 45419
Phone 499-1770/Fax 297-1994

THE TRANSPORTATION OFFICE WILL NOTIFY YOU BY PHONE. PLEASE ALLOW 3 WEEKS.

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OFFICE USE ONLY

Date Received: _____ Status: _____Approved _____Disapproved

_____ _____ _____
Transportation Supervisor Date of action Date parent notified