PENNRIDGE SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT

REQUEST TO ESTABLISH, CHANGE, OR DELETE A SCHOOL BUS STOP
NOTE: REQUESTS FOR CHANGES ARE TO BE FAXED TO 215-257-4574
OR EMAILED TO: transport@pennridge.org

ORIGINATOR OF REQUEST:

Name: _____ Date: _____

Address: _____ Home Phone: _____

_____ Cell Phone: _____

STUDENT(S) AFFECTED BY REQUEST:

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Name: _____ School: _____ Grade: _____

Check One: Establish Stop ☐ Change Stop ☐ Delete Stop ☐

FROM:

Present Bus Stop: _____
Location Bus #

TO:

Requested Bus Stop: _____
Location Bus # (If Known)

REASON FOR REQUEST: _____

_____

_____

_____

Submission of this bus stop change request does **NOT** obligate the Transportation Department to make the change. You will be notified if the request has been approved or denied.

FOR OFFICAL USE ONLY

Date Reviewed: _____ Reviewed By: _____

Investigate Conclusion: _____

_____

_____

Request Approved: ☐ Request Denied: ☐ If Approved Start Date: _____

New Bus Stop _____
Location Bus # AM Bus # PM

Response Date: _____ To Whom: _____ Call made by: _____

Response: _____

_____

_____