

Danville Area School District

733 Ironmen Lane

Danville, PA 17821

Phone: (570) 271-3268

Permanent Bus Stop Change Request Form

Student's Name _____ School _____

Home Address _____ Grade _____

_____ Phone _____

Parent/Guardian Name: _____

Requested AM Stop _____
(include complete address)

Requested PM Stop _____
(include complete address)

Date you would like this Request to begin _____

Reason for this Request _____

PLEASE NOTE

The Danville Area School District has the right to approve or deny any request for a bus stop change.

Only requests to change a student's bus stop to an already existing bus stop will be considered.

No new bus stops will be created due to a special request.

Once your request has been reviewed and either approved or denied, the parent/guardian will be notified.

If the change is approved, the parent will be given information regarding the new bus number, bus stop, pick-up and drop-off times, and the date the arrangement will begin.

For District Office Use Only

Approved: _____ Morning Bus No. _____ Bus Stop _____ Time _____

Start Date: _____ Afternoon Bus No. _____ Bus Stop _____ Time _____

Not Approved: _____ Reason: _____

Principal Signature

Date