

Danville Area School District

733 Ironmen Lane
Danville, PA 17821
Phone: (570) 271-3268

TEMPORARY BUS REQUEST

For Emergency Bus/Stop Change

Student's Name: _____ School: _____ Grade: _____

Home Address: _____ Home Phone: _____

_____ Alternate Phone: _____

Parent/Guardian: _____ Reason for Request: _____

Present AM Stop: _____
(include complete address)

Requested AM Stop: _____
(include complete address)

Present PM Stop: _____
(include complete address)

Requested PM Stop: _____
(include complete address)

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 stops will be created. Once your request has been reviewed and either approved or denied, the parent/guardian will be notified. Please keep in mind that this is for emergency purposes only.

For District Office Use Only

Approved: _____ Date of Emergency Bus Change: _____

Denied: _____

Principal Signature

Date

Date Received at Transportation Office _____ **Bus No** _____ **Stop No** _____