

CHARIHO REGIONAL SCHOOL DISTRICT
2024-2025
SCHOOL YEAR REQUEST CHANGE OF BUS STOP

PLEASE COMPLETE THIS FORM IF YOU ARE REQUESTING A CHANGE OF BUS STOP
THIS FORM IS USED TO REQUEST CHANGE FROM HOME STOP DUE TO DAYCARE, CUSTODY, ETC.;
ALL CHANGES ARE TO THE NEAREST EXISTING BUS STOP. **REQUESTS MUST BE FOR 5 DAYS,**
WITH THE ONLY EXCEPTION FOR DOCUMENTED CUSTODY REASONS. PLEASE SUBMIT COURT DOCUMENTS.

Student Name: _____ Student ID # _____ Grade: _____ School: _____

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Student Name: _____ Student ID # _____ Grade: _____ School: _____

Parent/Guardian Name: _____

Residence Address: _____ Town of Residence: _____

Mailing Address: _____ City, State, Zip: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

Responsible Agency/Person: _____ Town: _____

Street Address: _____ City, State, Zip: _____

Phone: _____ Cell Phone: _____

If Agency, Name of Contact Person: _____

Trip to School:	All Days	_____	Same Bus Only	M	_____	T	_____	W	_____	T	_____	F	_____
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Trip From School:	All Days	_____	Same Bus Only	M	_____	T	_____	W	_____	T	_____	F	_____
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I fully understand the conditions, limitations, and restrictions detailed in the CHARIHO Transportation Policy.

Parent/Guardian Signature: _____ Date: _____

Responsible Agency/Person Signature: _____ Date: _____

FOR OFFICE USE ONLY

Attending School Office: _____ Date Received from Parent: _____

Closest existing stop: _____

Transportation Company: _____ Approved: _____ Denied _____

Reason for Denial: _____ Effective Date of Change: _____