



### **Request for a Route/Bus Stop Change**

Many APS families request changes, particularly for afternoon transportation to accommodate childcare, after school activities or other special needs. All requests for morning or evening changes must be for five days per week. We can accommodate a request if there is space available on an existing bus route. We cannot create a new bus stop on any route; therefore, if possible, your child will be assigned to an existing stop on a bus route that is closest to your destination. Exceptions will be made on a case-by-case basis.

**Please complete this request form in its entirety. Missing information may delay a final decision.**

Date of Request \_\_\_\_\_

Student Name \_\_\_\_\_

Student Number \_\_\_\_\_

School Name \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Daytime Telephone \_\_\_\_\_

Evening Telephone \_\_\_\_\_

Requested Pick-up/Drop-off Address \_\_\_\_\_  
*(Please note that bus stops may be a short distance away from the requested destination. Actual stop location determined by Transportation.)*

My Child has a 504 Plan or IEP that includes Transportation as a related service:

- Yes
- No

Change Request:  Morning  
 Afternoon

Request will be:  Annual  
 Other

Please explain \_\_\_\_\_

Originating or Final Destination:

- Legal Residence
- Alternate Address

Please specify/explain alternate address for pickup or drop off \_\_\_\_\_

Other Comments \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Please print/fax/email/hand deliver this request to your child's school. During the school year, requests are usually processed within 48 hours. It may take longer at the start of the school year because of the many changes in busloads and routes that occur while we work to accommodate newly-enrolled students. You will be notified by the school as soon as Transportation Services determines whether or not your request can be fulfilled and when it will take effect. Thank you for your understanding.

**\*\*\*\*\*Below to be filled out by the authorized APS personnel only\*\*\*\*\***

#### **Transportation Services Recommendation/Decision**

- Seat Available – Approved
- No Seat Available – Recommend Disapproval
- Refer to Safety Trainer
- Within Walk Zone – Disapproved
- No Existing Stop Nearby – Disapproved
- Out of School Attendance Area – Disapproved
- Unsafe Location – Disapproved
- Other – Disapproved; Reason \_\_\_\_\_

Safety Trainer's Name \_\_\_\_\_ Date \_\_\_\_\_

Other Comments \_\_\_\_\_

- Approved
- Disapproved

Director or Designee's Name \_\_\_\_\_ Date \_\_\_\_\_