

AM BUS# _____ PM BUS # _____

**RICE/CRESTWOOD SCHOOL DISTRICT
BUSING CHANGE FORM**



START DATE: _____

SCHOOL: RICE ELEMENTARY

NAME: _____ GRADE: _____

ADDRESS OF STOP: _____

ZIP CODE: _____ MUNICIPALITY (TOWNSHIP OR BOROUGH): _____

DEVELOPMENT: _____ DAY CARE _____

PARENT/GUARDIAN: _____ PHONE: _____

STUDENT BIRTHDATE: _____

CAREGIVER NAME AND PHONE _____

LOCATION OF PICK UP OR DROP OFF:

EXACT - Please pinpoint the exact location of destination to determine a new or existing bus stop location **Example:** Two doors down on the right side from the post office or second house on left side from the fire hall.

Is this location your home? _____ If not please explain _____

Is this an existing stop? _____ if not this request may be delayed until approved by Transportation

Bus changes can take up to 72 hours to process.

NOTIFICATIONS:

SKYWARD _____ TEACHER _____ PARENT _____ DRIVER _____