

Fairfield Area School District

TRANSPORTATION

4840 Fairfield Road, Fairfield, PA 17320

www.fairfieldpaschools.org

717-642-2028 ♦ 717-642-2001

Fax # 717-642-2036

BUS CHANGE REQUEST FORM PERMANENT CHANGE ONLY

Student Name: _____ Grade: _____

Parent/Guardian Name: _____

Address: _____

Home Telephone No. _____ Work Telephone No. _____

Effective Date of Change: _____

(Please allow the transportation department 3 days to complete change)

Previous Bus Stop Location:

New Bus Stop Location:

Specifics: *(Please note if student is picked up and dropped off at same location or different locations for pick up and drop off.)*

Reason for Change:

Name, Address and Phone No. of daycare provider: *(If applicable)*

Parent/Guardian Signature

Date

Official Use Only:

Acknowledged by _____ Date _____