

Bus Stop Change Request

Student(s) Name _____

Parent/Guardian Name _____

Home address _____

Home Phone: _____ Work Phone: _____ E-mail: _____

School student attends _____ Grade _____

Bus number: To school _____ Home _____

Present bus stop assignment _____

Proposed bus stop assignment _____

Distance between *present* and *proposed* bus stops: (in yards, blocks, or miles) _____

Will other students utilize the bus stop you are requesting? ___yes ___no

If yes, how many other students would utilize the stop? _____

Names: _____

I am requesting a route or bus stop change for the following reasons: _____

Signature _____ Date _____

Bus routes and stops:

Bus routes and stops are established by the school. While every effort is made to locate bus stops near where students live, school bus transportation is a group service and buses do not stop in front of each home. Stops for elementary students are usually within two to three blocks of their homes. Stops for junior high and high school students are usually within four to five blocks of their homes. Stop locations and distances may vary depending upon the number of students in the area and the type of area (urban/rural) served.

Your request is important to us. Please allow 10 days for careful consideration and review of your request. Submission of this request does not obligate the school to make the change. If the change is approved it will be implemented monthly as part of the regularly scheduled route change process. As a reminder, parents are encouraged to provide adult supervision during a child's walk to and from and while waiting at the assigned pickup/drop off location.

DO NOT WRITE BELOW THIS LINE

Beach Transportation comments _____

School decision:

- ___ 1. Approved.
- ___ 2. Not approved. Stop is within _____ from the existing stop.
- ___ 3. Not approved. Stop is within _____ miles from the school.
- ___ 4. Not approved. The additional bus stop will increase the route time or mileage.
- ___ 5. Not approved. Not enough students to warrant a bus stop or route change.
- ___ 6. Not approved. Other _____

School officials signature: _____ Date: _____

Send form to:
MCPS Transportation
909 South Ave W
Missoula, MT 59801

transportation@mcpsmt.org