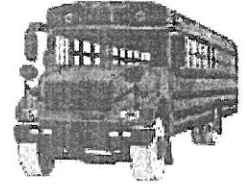


South Butler County School District  
 Transportation Office  
 328 Knoch Road, Saxonburg, PA 16056  
 (724) 352-1700, ext. 5601



**New Student Form / Bus Stop Change Request Form**

Parents /Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

Full Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mom Work #: \_\_\_\_\_ Mom Cell #: \_\_\_\_\_  
 Dad Work #: \_\_\_\_\_ Dad Cell #: \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student # \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student # \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student # \_\_\_\_\_

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_ Student # \_\_\_\_\_

Current Stop Location (if applicable): \_\_\_\_\_ A.M.  P.M.

Current Bus Assignment (if applicable): A.M. Bus # \_\_\_\_\_ P.M. Bus # \_\_\_\_\_

Requested Stop Location (if applicable): \_\_\_\_\_ A.M. [ ] P.M. [ ]

Reason for Request (if applicable): \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

**Transportation Department Use Only:**

Request Approved [ ] Request Denied [ ] – see comments

If request is approved: A.M. Bus # \_\_\_\_\_ Pickup Time: \_\_\_\_\_ P.M. Bus # \_\_\_\_\_ Drop off time: \_\_\_\_\_

Effective Date: \_\_\_\_\_

New Stop Location/Action Taken: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

Request Reviewed By: \_\_\_\_\_ Date: \_\_\_\_\_