

**Swartz Creek Community Schools**  
**Request for Bus Stop Modification**  
**Please Print in Ink or Type**

<b>If the purpose of your request is:</b> _____ Unsafe Stop _____ No Stop _____ New Student _____ Address Change _____ Stop Change _____ Other: _____	<b>Return to:</b> Swartz Creek Community Schools Transportation Department Swartz Creek, MI 48473
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<b>Request for ineligible student</b> _____	<b>Return to:</b> Principal of School for which transportation service is requested***
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School Name: \_\_\_\_\_  
 Name of Parent/Guardian: \_\_\_\_\_ Date Completed by Parent: \_\_\_\_\_  
 Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_  
 \_\_\_\_\_ Business Telephone: \_\_\_\_\_

City	State	Zip Code	
Student(s) Involved: _____	Age: _____	Grade: _____	Route Number/Color/Name: _____
_____	_____	_____	Present Stop Location: _____
_____	_____	_____	Proposed Stop Location: _____
_____	_____	_____	_____

If available, please include a map of areas affected.

Reason For Request:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*\*PLEASE ALLOW 10 BUSINESS DAYS FROM RECEIPT OF THIS FORM BY THE  
 TRANSPORTATION DEPARTMENT FOR A RESPONSE\*\***

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 \*\*\*This form has been reviewed as to the transportation status for the above named ineligible student/students.

Signature of Principal \_\_\_\_\_

Date \_\_\_\_\_

Revised Sept. 2009