



EASTERN LANCASTER COUNTY SCHOOL DISTRICT

Transportation Department 717-354-1523



Bus Stop Change Request Form

Student (s) Name: _____ Date: _____

Address: _____

Telephone # _____

Parent/Guardian Name: _____

Assigned School: _____

Current Stop Location: _____ A.M. [] P.M. []

Current Bus Assignment: A.M. Bus # _____ P.M. Bus # _____

Arrangements must be consistent Monday through Friday, every AM or every PM.

Requested Stop Location: _____ A.M. [] P.M. []

Grades K-6 must be in the student's elementary attendance area.

May take up to 3 days to process the request.

Reason for Request: _____

Parent / Guardian Signature: _____

Transportation Dept Only:

Request Approved [] Request Denied [] see below

If approved: A.M. Bus # _____ Pick Up Time: _____

P.M. Bus # _____ Drop Off Time: _____

Effective Date: _____

New Stop Location: _____

Comments: _____

Send form to: 669 East Main Street, P.O. Box 609, New Holland, PA 17557-0609