

ROCK HILL SCHOOLS
Department of Transportation

BUS STOP CHANGE REQUEST FORM
THIS REQUEST MUST BE RENEWED EACH SCHOOL YEAR

Parent/Guardian Name: _____

Student(s) Name: _____ Grade: _____

School(s) Student(s) attend: _____

Request will not be processed without your address

Where do you live? (House Number/Street Name): _____

Is request for an additional bus stop? Yes No

IS CHILD: Special Needs? Yes No Wheelchair? Yes No Magnet/STEM? Yes No

New Stop Location: _____

At what time? AM Midday PM Number of Children: _____
Circle Times

Why do you need this request? (**Print** all information)

Use back for additional information. Please **PRINT** all information.

NON-HOME STOP SITUATION

Child's Name: _____ Grade: _____ Age: _____ School: _____

Child's Name: _____ Grade: _____ Age: _____ School: _____

Care Center/Sitter: (Print Name) _____

House Number/Street Name: _____ Phone: _____

I, the undersigned, am the legal parent or guardian of the child(ren) listed above. By this signature, I authorize the school staff, bus drivers to allow the child(ren) listed above to be picked up or delivered to the address listed above. I understand that it is my own responsibility to have a competent person at the address listed above to receive and/or supervise the child(ren) listed above. I also agree to inform Transportation (980-2022) when the above daycare is closed or the sitter is not at home.

Parent/Guardian Signature: _____ Date: _____

Home Phone: _____ - _____ Work Phone: _____ - _____

Mail completed form to: Dept. of Transportation, PO Drawer 10072, Rock Hill, SC 29731
or fax: (803) 980-2025

**** ALL INFORMATION IS REQUIRED OR REQUEST WILL NOT BE PROCESSED ****

Not Approved Approved For Closest Bus Stop Only

Transportation Staff Person (980-2022)

Driver: _____ Route # _____