



**Bellefonte Area School District  
Transportation Office  
318 N Allegheny Street  
Bellefonte, PA 16823  
(814) 355-4814 ext 3033 Fax: (814) 357-2430  
Student Transportation Change Request Form**

Parent /Guardian Name: \_\_\_\_\_ Date: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Name of Student: \_\_\_\_\_

Assigned School: \_\_\_\_\_

Current Stop Location: \_\_\_\_\_ A.M. [ ] P.M. [ ]

Current Bus Assignment: A.M. Bus # \_\_\_\_\_ P.M. Bus # \_\_\_\_\_

Requested Stop Location: \_\_\_\_\_ A.M. [ ] P.M. [ ]

Requested Effective Date of Change \_\_\_\_\_

Reason for Request: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

**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: \_\_\_\_\_