

**COLUMBUS PUBLIC SCHOOLS
PUPIL TRANSPORTATION DEPARTMENT**

FORM 1 - REQUEST FOR REASSIGNMENT

(Application for the reassignment of a student to an existing stop other than the regularly assigned stop or route)

INSTRUCTIONS:

1. The parent shall complete the form and submit the request to the building principal. Request can be made only for **assignment to existing, established stops on existing, established routes.** This form should not be used when there is a change in the home address.
2. The principal will review the request and forward approved requests to the Transportation Department by school mail.
3. Requests will be reviewed by Transportation staff to determine the availability of seating space and will forward copies of the processed form to the school principal. The school should notify the parent of the bus stop assignment.

*** REQUIRED INFORMATION**

SCHOOL NAME* _____ School Code _____
Student's Name* _____ Student Number _____
Parent's Name * _____ Home Address * _____
Grade Level _____ Telephone * _____
Present Route No. (if known): _____ Time: _____ Location: _____

REQUESTED CHANGE:

Check One*: AM PM BOTH Route No.(if known): _____ Location: _____

Alternate Address & Telephone * _____

REASON REQUESTED (Must be completed by Parent) * _____

(Parent's Signature)* _____ (Date)* _____

PRINCIPAL'S RECOMMENDATION: _____ YES _____ NO

I recommend approval of the above request and approve the reason(s) stated.

Principal's Comment(s): _____

(Principal's Signature)* _____ (Date)* _____ (School) _____

TRANSPORTATION DEPARTMENT OFFICE USE ONLY

Request Approved _____ Disapproved _____ Assigned to Bus Route _____

Bus Stop Time & Location _____

Processor _____ Date _____