



**COLUMBUS CITY SCHOOLS  
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. This form will be reviewed and forwarded to the Transportation Department.
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)\*

DISTRICT DESIGNEE RECOMMENDATION: \_\_\_\_\_ YES \_\_\_\_\_ NO

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

Comment(s): \_\_\_\_\_

\_\_\_\_\_  
(Signature)\*

\_\_\_\_\_  
(Date)\*

**TRANSPORTATION DEPARTMENT OFFICE USE ONLY**

Request Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Assigned to Bus Route \_\_\_\_\_

Bus Stop Time & Location \_\_\_\_\_

Processor \_\_\_\_\_ Date \_\_\_\_\_