

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

REQUESTED CHANGE:	
Check One*: AM <input type="checkbox"/> PM <input type="checkbox"/> BOTH <input type="checkbox"/> Route No.(if known): _____ Location: _____	
Child Care Provider Name * _____	
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)* _____

TRANSPORTATION DEPARTMENT OFFICE USE ONLY

Request Approved _____ Disapproved _____ Assigned to Bus Route _____

Bus Stop Time & Location _____

Processor _____ Date _____