



**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 <input type="checkbox"/> PM <input type="checkbox"/> BOTH <input type="checkbox"/> 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 _____