

WESTON PUBLIC SCHOOLS

BUS TRANSPORTATION CHANGE REQUEST

Student Name: _____

Student School and Grade: _____

Parent Name: _____

Address: _____

Telephone: _____

Bus Number: _____

Date of Request: _____

Check below all areas that apply:

Student lives more than the maximum walking distance from school

Student does not live more than the maximum walking distance from school, but a “Hazardous Condition” (as defined in the Weston Public School’s Transportation Policy) exists on student’s walk to school

Student lives more than the maximum walking distance from bus stop

Student does not live more than the maximum walking distance from bus stop, but a “Hazardous Condition” exists on student’s walk to bus stop

Cul-de-sac is longer than minimum distance for bus to enter

Cul-de-sac is not longer than minimum distance for bus to enter, but a “Hazardous Condition” exists on student’s walk to bus stop

Other (please describe) _____

Provide any additional information supporting your transportation change request, specifying the change you are requesting and the reason(s) for the change. Attach additional sheets if necessary.
