

EASTON, REDDING PUBLIC SCHOOLS
BUS TRANSPORTATION CHANGE REQUEST

Please return completed form to eastonredding.reg9@firstgroupamerica.com or fax to 475-470-0375

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 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.
