

TAMAQUA AREA SCHOOL DISTRICT



Transportation Change Request Form

This form is for parents and guardians requesting a transportation stop change.

~ Tamaqua Area School District ~ 138 W. Broad Street~ Tamaqua, PA 18252~

~ aquick@tamaquasd.org~ Fax (570) 668-6850~

Requests must be completed and submitted to the District Office 48 hours prior to the requested change date.

PARENT INFORMATION

Parent/Guardian Name:

Date of Request:

Parent Contact Information:

Email:

Address:

Phone Number:

STUDENT INFORMATION

Student Name(s)	Student Grade	Student School
1.		
2.		
3.		
4.		

CHANGE REQUEST INFORMATION (Note: Requests must be submitted 48 hours prior to the requested change date).

Requested Pick-Up Location:

Bus #:

Start Date:

Requested Drop-off Location:

Bus #:

Change Request Due To:

EMERGENCY CHANGE REQUEST

Explanation of Emergency Situation (Include Start/End Dates with reason):

____ Permanent Change of Residence
A valid 'proof of residency' is required for residence change

____ Permanent Change of Sitter
List Name & Phone Number of Sitter:

____ Emergency Situation

COMMENTS:

Parent Signature:

Date:

(I understand that unless this is an emergency situation, this change is permanent and will remain in effect until I notify the District).

For Transportation Department Use Only:

TIME REQUEST RECEIVED: _____

DATE REQUEST RECEIVED: _____

AM Bus Number: _____ Pick-up Time: _____

AM New Stop Location: _____

PM Bus Number: _____ Drop-off Time: _____

PM New Stop Location: _____

Parent Notified By: _____

Date of Notification: _____

COMPLETE, PRINT & RETURN TO AMY QUICK

7/1/24