

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

<b>REQUESTED CHANGE:</b>		
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)* _____

<b>PRINCIPAL'S RECOMMENDATION:</b> _____ YES      _____ NO		
I recommend approval of the above request and approve the reason(s) stated.		
Principal's Comment(s): _____		
_____		
(Principal's Signature)* _____	(Date)* _____	(School) _____

**TRANSPORTATION DEPARTMENT OFFICE USE ONLY**

Request Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Assigned to Bus Route \_\_\_\_\_

Bus Stop Time & Location \_\_\_\_\_

Processor \_\_\_\_\_ Date \_\_\_\_\_