

**CHARIHO REGIONAL SCHOOL DISTRICT**  
**2023-2024**  
**SCHOOL YEAR REQUEST CHANGE OF BUS STOP**

**PLEASE COMPLETE THIS FORM IF YOU ARE REQUESTING A CHANGE OF BUS STOP**  
 THIS FORM IS USED TO REQUEST CHANGE FROM HOME STOP DUE TO DAYCARE, CUSTODY, ETC.;  
 ALL CHANGES ARE TO THE NEAREST EXISTING BUS STOP. **REQUESTS MUST BE FOR 5 DAYS,**  
 WITH THE ONLY EXCEPTION FOR DOCUMENTED CUSTODY REASONS. PLEASE SUBMIT COURT DOCUMENTS.

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Student Name: \_\_\_\_\_ Student ID # \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Residence Address: \_\_\_\_\_ Town of Residence: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

Responsible Agency/Person: \_\_\_\_\_ Town: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

If Agency, Name of Contact Person: \_\_\_\_\_

Trip to School:	All Days	_____	Same Bus Only	M	_____	T	_____	W	_____	T	_____	F	_____
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Trip From School:	All Days	_____	Same Bus Only	M	_____	T	_____	W	_____	T	_____	F	_____
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I fully understand the conditions, limitations, and restrictions detailed in the CHARIHO Transportation Policy.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Responsible Agency/Person Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**FOR OFFICE USE ONLY**

Attending School Office: \_\_\_\_\_ Date Received from Parent: \_\_\_\_\_

Closest existing stop: \_\_\_\_\_

Transportation Company: \_\_\_\_\_ Approved: \_\_\_\_\_ Denied \_\_\_\_\_

Reason for Denial: \_\_\_\_\_ Effective Date of Change: \_\_\_\_\_