

JEFFERSON COUNTY SCHOOL DISTRICT TRANSPORTATION BUS STOP CHANGE REQUEST

DATE OF REQUEST _____ SCHOOL _____

GRADE LEVEL _____

STUDENT NAME _____
Last Name First Name

STUDENT ADDRESS _____

PHONE # (H) _____ (C) _____

E MAIL ADDRESS _____

AM BUS # _____ PM BUS # _____

REQUEST TO: ADD STOP CHANGE STOP

PICK-UP BUS STOP TO: _____

CHANGE DROP-OFF BUS STOP TO: _____

REASON FOR REQUEST:

PARENT SIGNATURE DATE

MAIL TO: 509J TRANSPORTATION DEPARTMENT
674 SE Buff St. Madras, OR 97741
Email: twhitaker@509j.net
fax: 541 475-2653

THE TRANSPORTATION OFFICE WILL NOTIFY YOU BY PHONE OR EMAIL. PLEASE ALLOW 2 WEEKS.

TRANSPORTATION DEPARTMENT OFFICE USE ONLY

STATUS : _____ APPROVED _____ DENIED _____ EFFECTIVE DATE _____

AM BUS NUMBER _____ BUS STOP _____ TIME _____

PM BUS NUMBER _____ BUS STOP _____ TIME _____

DATE PARENT NOTIFIED _____