

~~Please circle choice: New Student~~

~~Route Change~~

~~Dropped Student~~

Please read carefully: Change requests must be for permanent, everyday bus stop. Imagine schools will notify you of the transportation arrangements in approximately 5 school days. Only approved, authorized stops as they appear on this form will be honored. Students need to be at their assigned bus stop 10 minutes prior to the stop time and remain 10 minutes after their scheduled stop time.

***** This form must be completed entirely for immediate processing. *****

***** All students riding the bus must have this form filled out. *****

Student Name: _____ Grade: _____

Morning Address: _____ Zip: _____ Phone: _____

Afternoon Address: _____ Zip: _____ Phone: _____

Parent / guardian signature: _____

One name per form please

Current Bus Stop(s):

Morning Bus Stop: _____ Routes: _____

Afternoon Bus Stop: _____ Routes: _____

Requested Bus Stop(s):

Morning Bus Stop: _____ Route: _____

Afternoon Bus Stop: _____ Route: _____

Change requested by: _____ Date: _____

Bus Company Office Use ONLY:

Date Received: _____

Approved: _____ Effective Date: _____ Approx. Times _____ AM _____ PM

Denied: _____ Reason _____

Company Representative _____ Date _____

Imagine Schools Office Use Only:

Date Received from the bus company: _____

Denied _____ Reason _____

Notice Sent Home: _____ (Date)

School Representative _____ Date: _____