

RENTON SCHOOL DISTRICT TRANSPORTATION DEPARTMENT
REQUEST FOR BUS STOP CHANGE

Student(s) Name _____ Date _____

Parent/Guardian Name _____

Home address _____

Phone Number: Home _____ Work _____

Daycare address _____

School student attends _____ Grade _____

Route number: To school _____ Home _____

Pick-up location: Home _____ Daycare _____

Drop off location: Home _____ Daycare _____

Current stop assignment _____

Special Program: Yes _____ No _____

I would like to request a bus stop change as follows:

The reason for my request is as follows:

Signature _____

Submission of this bus stop change request does not obligate the Transportation Department to make the change. The first implementation of formal route changes will not occur until after the third week in October for stop change requests submitted by September 28th.

**Mail form to: RSD #403 Transportation Dept.
1220 North 4th Street, Renton, WA 98055**