



# Stop Change Request

Pupil Transportation  
3117 Centre Avenue  
Pittsburgh, PA 15219  
412-529-8125

Please complete form in its entirety and submit to the school principal.

## Student Information

**School:** \_\_\_\_\_ **Current Route #:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_

**Student's Address:** \_\_\_\_\_

**Assigned Stop:** \_\_\_\_\_

**Requested Stop:** \_\_\_\_\_

**Reason for request:** \_\_\_\_\_

\_\_\_\_\_

**Name of Requestor:** \_\_\_\_\_

**Contact Phone:** \_\_\_\_\_

*I understand that my request can only be fulfilled if the request adheres to the guidelines set by Pittsburgh Public Schools and the State of Pennsylvania. If the request is submitted at the beginning of the school year, I understand that the request cannot be considered until all students are assigned to a bus. Assigning students to busses may lead into October. If the request is approved, I will be notified by mail by Pupil Transportation.*

**Requestor Signature and Date:** \_\_\_\_\_

*I have read and understand the above guidelines*

## School Verification

\_\_\_\_\_  
Principal Signature and Date:

Student ID #
<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

## Pupil Transportation Response

**Approved:** Requestor will be notified by mail of effective date.

**Denied:** Current stop is entirely within the guidelines set by PPS and the State of Pennsylvania.