



**MOORESVILLE GRADED SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT**

APPLICATION TO CHANGE SCHOOL BUS STOP LOCATION

(Applicant is required to complete 1-6)

1. Date of Request: _____ School: _____ Bus#: _____

2. Person requesting Change: _____

Address: _____

City: _____ Zip: _____ Phone: _____

Email address: _____

3. Detailed reason for request to change: _____

4. Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

Student Name: _____ Grade: _____

5. Location of existing stop: _____

a) Distance from home to existing stop: _____ FT

6. Location of proposed stop: _____

a) Distance from home to proposed stop: _____ FT

YOUR REQUEST FOR THE PROPOSED BUS STOP CHANGE HAS BEEN

APPROVED – Change schedule to begin on: _____
Date

DISAPPROVED – _____

_____ Date

Please return form to your student's school.