This Form is for permanent changes in transportation not emergency requests.

Emergency requests may be accepted for a limited number of reasons. Requests should be in writing and be made as early as possible. If an emergency request is made, parents/guardians will be expected to relate details of the emergency to the building principal. If your student is going to another student's home a note must be presented by both parties in order for an emergency bus pass to be issued. A record of emergency requests will be kept for each student. If requests become frequent, the parent/guardian will be notified that future requests will be denied.

Acceptable reasons for emergency requests may include death in the family, medical emergency, or that the student's parents are out of town. Unacceptable reasons may include spending an evening at a friend's house, going to a dance, going to work, going to a sports practice, or to complete school projects/homework with classmates. If approved, the student will be issued an emergency bus pass if seats are available on the bus.

District policy requires parents to place their child at one consistent bus stop location, Monday through Friday. Students are to have one designated morning pick-up and one designated afternoon drop-off stop. However, you are permitted to have a bus stop location for your child's pick-up that is different from the child's drop off location as long it is the same Monday through Friday. The alternating of stops on different days IS NOT PERMITTED.

Requests for permanent bus stop changes must be submitted in writing at least (3) days prior to the date of the requested change. Completed forms can be dropped off at the school office or the Transportation Office located in the Service Center building.

All requests will be processed within two (2) working days of receipt in the transportation office. We will try to honor all requests based on the following criteria:

1. The requested location and bus stop are in the same attendance area as the student's current attendance area.
2. A bus route does not have to be changed or extended due to the location requested.
3. The load of the bus will not exceed the legal limits for the vehicle.
4. The change does not increase the cost to the school district.

All changes to transportation will stay in effect from year to year unless another Request for Change of Transportation form is completed. It is not necessary to complete a form every school year if there is no change in your transportation.

Any questions regarding the completion of this form may be directed to the Cocalico Transportation Department at (717) 336-1574.

Please fill in the form on the reverse side of this letter to request a permanent change in your child/children's transportation assignment. Please provide accurate information and the required signature. Completed forms can be dropped off at the school office or the Transportation Office located in the Service Center building.

This Form is for permanent changes in transportation not emergency requests.
Request for Transportation Change

STUDENT INFORMATION
*Name ________________________________  *Grade ____________
*Address __________________________________________
                                                *Phone ____________

Current Bus Number ________________
Current Bus Stop Location ________________________________

NEW PICK-UP LOCATION INFORMATION (Alternate address information)
*Contact Name ____________________________
*Address __________________________________________
                                                *Phone ____________

NEW DROP-OFF LOCATION INFORMATION (Alternate address information)
*Contact Name ____________________________
*Address __________________________________________
                                                *Phone ____________

REASON FOR REQUEST
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

EFFECTIVE DATE ____________  Parent/Guardian Signature**

Mail completed form to the Transportation Office, PO Box 800, Denver PA 17517, email to: sknauer@cocalico.org or fax to 717-336-1576.

* Required information

** By signing this form you are giving permission to the Cocalico School District to transport your child to and/or from another location on the same bus or another bus.