

Carbondale Area School District Transportation Office Temporary Bus Stop Request

This form is for parents/guardians who are requesting a TEMPORARY bus stop change ONLY. This form must be submitted five business days prior to the change to:

Mrs. Kim Michalek,
Assistant Business Manager/Transportation Director
101 Brooklyn Street, Carbondale, PA 18407
Phone 570-282-2507 ext. 1220 ~ Fax 570-282-6988
kimberly.michalek@ca.k12.pa.us

Date: _____

Parent and/or Guardian Name(s): _____

Address: _____

Phone Numbers:

Home: _____ Work: _____ Ext. _____ Cell: _____

Email Address: _____

Preferred Contact Method (check one) Home # Work # Cell # Email

Student Information			
	Student Name(s)	Grade Level	Teacher
1.			
2.			
3.			

Current Bus Information
<p>Current A.M. Bus Run # _____</p> <p>Street Location of A.M. Bus Stop # _____</p>
<p>Current P.M. Bus Run # _____</p> <p>Street Location of P.M. Bus Stop # _____</p>
Bus Stop Change
<p>Please use the space below to provide the necessary information concerning your temporary bus stop and your explanation of the change you are requesting. Attach additional information, if necessary.</p>

Temporary A.M. Bus Stop # & Street Location: _____

Temporary P.M. Bus Stop # & Street Location: _____

Begin temporary transportation on: _____ End temporary transportation on: _____

Explanation: _____
