

**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. Kimberly Michalek,  
Assistant Business Manager/Transportation Director  
101 Brooklyn Street, Carbondale, PA 18407  
Phone 1 (844) 330-2273 ext. 1220 ~ Fax 570-282-6988  
kimberly.michalek@carbondalearea.org

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

<b>Student Information</b>				
	<b>Student Name(s)</b>	<b>Grade Level</b>		<b>Teacher</b>
<b>1.</b>				
<b>2.</b>				
<b>3.</b>				

<b>Current Bus Information</b>	
<b>Current A.M. Bus Run #</b> _____	
<b>Street Location of A.M. Bus Stop #</b> _____	
<b>Current P.M. Bus Run #</b> _____	
<b>Street Location of P.M. Bus Stop #</b> _____	
<b>Bus Stop Change</b>	
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.	

Temporary A.M. Bus Stop # & Street Location: \_\_\_\_\_

Temporary P.M. Bus Stop # & Street Location: \_\_\_\_\_

Begin temporary transportation on: \_\_\_\_\_ End temporary transportation on: \_\_\_\_\_

Explanation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_