



# MOUNT CARMEL AREA SCHOOL DISTRICT

## Transportation Change Request Form

*This form is for parents and guardians requesting a transportation stop change.*

~Mount Carmel Area School District ~ 600 West Fifth Street ~ Mount Carmel, PA 17851~  
~ [www.mca.k12.pa.us](http://www.mca.k12.pa.us) ~ Fax (570) 339-5210 ~

**Requests must be completed and submitted to a building office 48 hours prior to the requested change date.**

### PARENT INFORMATION

Parent/Guardian Name:	Date of Request:
Parent Contact Information:	Email:
Address:	Phone Number:

### STUDENT INFORMATION

Student Name(s)	Student Grade	Student School
1.		
2.		
3.		
4.		

### CHANGE REQUEST INFORMATION (Note: Requests must be submitted 48 hours prior to the requested change date).

Requested Pick-Up Location:	Bus #:	Start Date:
Requested Drop-off Location:	Bus #:	Change Request Due To:

### EMERGENCY CHANGE REQUEST

Explanation of Emergency Situation (Include Start/End Dates with reason):	___ Permanent Change of Residence <i>A valid 'proof of residency' is required for residence change</i>
	___ Permanent Change of Sitter <i>List Name &amp; Phone Number of Sitter:</i>
	___ Emergency Situation

### COMMENTS:

--

Parent Signature:	Date:
-------------------	-------

*(I understand that unless this is an emergency situation, this change is permanent and will remain in effect until I notify the District).*

### For Transportation Department Use Only:

TIME REQUEST RECEIVED: _____	DATE REQUEST RECEIVED: _____
AM Bus Number: _____	Pick-up Time: _____
PM Bus Number: _____	Drop-off Time: _____
Parent Notified By: _____	Date of Notification: _____

**COMPLETE, PRINT & RETURN TO ANY BUILDING OFFICE.**