

ITASCA SCHOOL DISTRICT 10 TRANSPORTATION CHANGE REQUEST

Transportation Change Form **must be** submitted to Benson, Franzen or Peacock. Requests will take a minimum of **one week to review and implement** (allow up to 2 weeks).

Date: _____ Day Time Phone Number: _____

Parent Name: _____
(Please Print)

Student(s) Name: _____
(Please Print)

School: _____ Grade: _____

Current Stop: _____

Requested Stop: _____

CONSIDERATION TO YOUR REQUEST WILL BE GIVEN IF ONE OF THE ITEMS BELOW HAVE BEEN CHECKED:

1. _____ K-2 Student walking (**with** sidewalks) more than 1 block.
2. _____ 3-5 Students walking (**with** sidewalks) more than 2 blocks.
3. _____ 6-8 Students walking (**with** sidewalks) more than 3 blocks.
4. _____ K-2 Student walking (**without** sidewalks) unsafe to pick-up at driveway.
5. _____ 3-5 Student walking (**without** sidewalks) more than 1 block.
6. _____ 6-8 Students walking (**without** sidewalks) more than 2 blocks.
7. _____ Registered Sex Offender within route mapping.
8. _____ Hazard/Unsafe stop during construction traffic as per IDOT regulations.
9. _____ Requested stop is on an existing stop on an assigned student route.
10. _____ Other; Requires a detailed explanation with a diagram/map (see reverse side).

BELOW INCLUDES, BUT NOT LIMITED TO, ITEMS THAT A BUS STOP CHANGE WILL **NOT** BE GIVEN:

1. Accompanying adult unable to walk students to assigned stop
2. Daycare accommodations/sitter issues
3. Family health issues
4. Unable to see student from window
5. Unplowed sidewalks in winter
6. Student requests to ride with friends on different route
7. Students unable to get along with other student(s) at stop
8. Alternating stops on different routes in joint custody situation
9. For safety reasons -- buses can not enter a cul de sac

This form will be reviewed and approved by the Transportation Department

Please include all pertinent landmarks or critical items within the drawing.

Explanation: _____
