

Transportation Services

Request for New or Stop Location Change

Parent Name _____ Phone Number _____

Student Name _____ Student ID Number _____

Address _____

Location of Current Bus Stop _____

School _____ Bus Number _____

Location of New Bus Stop _____

Reason for request:

Please interoffice mail to Transportation or scan and email request to: transoffice@powhatan.k12.va.us

REQUEST MAY TAKE UP TO THREE TO FIVE BUSINESS DAYS TO PROCESS

Top portion completed by the school or parent. Do not write below this line.

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Transportation Department Only

Stop addition: Approved _____ Not Approved _____ Date _____

Reason for Non-approval _____

Approved or Disapproved by _____

Date School notified _____

Date change will start _____

Bus number _____

Bus Stop Time AM/PM _____

New Stop Location _____

8/29/2021