



# SYRACUSE CITY SCHOOL DISTRICT

Jaime Alicea, Superintendent of Schools

Transportation Department

Theresa Kuss, Director

## STOP CHANGE REQUEST FORM

School \_\_\_\_\_ Date \_\_\_\_\_

Current Stop \_\_\_\_\_

Proposed Stop \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Name(s):

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Approved

Denied because:

Other students at stop

Less than 2 blocks

Police Matter

Administrator Signature \_\_\_\_\_ Date \_\_\_\_\_

**NOTE: SCHOOL PLEASE NOTIFY PARENT OF DENIAL**

kab 7/2017