

Rockwood Area School District Bus Stop Request Form

For the safety of students, parents may choose to designate a secondary and emergency bus stop to be used by their child throughout the school year. These designated bus stops will be used as the only pick-up and drop off points for your child other than the primary stop that is established near your residence.

If your child is in need of a secondary or emergency bus stop, please update this form. Parents are required to note the days of the week on which each stop will be used. These designated bus stops shall include any stops that the child may need for examples a secondary or emergency bus stop could be; daycare provider, grandparents, close family friend, emergency locations for early dismissals or other location you as a parent deem appropriate.

- *Daily requests for bus changes will only be honored for emergency situations.*
- *Requests for students to travel home with a peer for after school activities will not be honored.*

Student's Name: _____ Original Bus Number: _____

Parent's Name: _____ Phone Number: _____

Please complete the following information for all necessary bus stops. You may only select a secondary and emergency stop use throughout the year. Please keep in mind that the stops must be within the Rockwood Area School District borders and that your child will be only dropped off at an **established stop closest to the address provided. At the end of each school year all previous secondary and emergency stops have been deleted from records. Parents must update this information annually.**

Ex: Primary Bus Stop – This child will use only this bus stop throughout the year!

Address: 435 Somerset Ave. Rockwood, Pa 15557	Person Responsible for Supervision: Mr. Jonathan Hale
<input checked="" type="checkbox"/> Monday (AM) (PM) <input checked="" type="checkbox"/> Tuesday (AM) (PM) <input checked="" type="checkbox"/> Wednesday (AM) (PM) <input checked="" type="checkbox"/> Thursday (AM) (PM) <input checked="" type="checkbox"/> Friday (AM) (PM)	

1: Current Primary Bus Stop Location:

Address:	Person Responsible for Supervision:
<input type="checkbox"/> Monday AM PM <input type="checkbox"/> Tuesday AM PM <input type="checkbox"/> Wednesday AM PM <input type="checkbox"/> Thursday AM PM <input type="checkbox"/> Friday AM PM	

2: Secondary Bus Stop Location:

Address:	Person Responsible for Supervision:
<input type="checkbox"/> Monday AM PM <input type="checkbox"/> Tuesday AM PM <input type="checkbox"/> Wednesday AM PM <input type="checkbox"/> Thursday AM PM <input type="checkbox"/> Friday AM PM	

3: Emergency Bus Stop Location:

Address:	Person Responsible for Supervision:
<input type="checkbox"/> Monday AM PM <input type="checkbox"/> Tuesday AM PM <input type="checkbox"/> Wednesday AM PM <input type="checkbox"/> Thursday AM PM <input type="checkbox"/> Friday AM PM	

Parent Signature: _____ Date: ____/____/____

This form will be updated annually!

Form revised 8/23/2017