

# Rockwood Area School District Bus Stop Request Form

For the safety of students, parents shall designate three bus stops to be used by their child throughout the school year. The designated bus stops will be used as the only pick-up and drop off points for your child. Please make sure that you include an emergency drop off location. Parents are required to note the days of the week on which each stop will be used. The predetermined stops shall include any stops that the child may need. Examples 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 select one to three stops to 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.

**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: \_\_\_\_/\_\_\_\_/\_\_\_\_