



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