

MERCER AREA SCHOOL DISTRICT

Request for Change of Transportation and/or Address

Mr. Stephen Hoover, Transportation Director
724-662-5100 ext. 40

	Students Name (s)	Grade		Home Address	
1					
2				Street	Apt. #
3				City	State
				<input type="checkbox"/> This is a <u>NEW</u> address.	
	Parent/Guardians Name (s)	Relationship		Telephone Contact Numbers:	
Today's					
Date: _____ Reason for Request:					

NEW INFORMATION

Requested <u>PICK UP</u> Address
<input type="checkbox"/> HOME (Address listed above)
Street
Apt. #
City
Requested <u>DROP OFF</u> Address
<input type="checkbox"/> HOME (Address listed above)
Street
Apt. #
City
REQUESTED Date to Begin: _____
PLEASE ALLOW 2-3 DAYS TO TAKE EFFECT

OLD INFORMATION

PICK UP Address	Bus#
<input type="checkbox"/> HOME (Address listed below)	
Street	
Apt. #	
City	
DROP OFF Address	Bus#
<input type="checkbox"/> HOME (Address listed below)	
Street	
Apt. #	
City	
Complete form and submit to:	
Elementary: Main Office	
MID/HS: Guidance Office	

PLEASE DO NOT WRITE BELOW THIS LINE- TRANSPORTATION DEPT. ONLY

NEW: AM BUS# _____ TIME: _____ PARENT _____ _____
NEW: PM BUS# _____ TIME: _____ SCHOOL _____ _____
EFFECTIVE DATE: _____ BUS _____ _____
Moooooooooosetracks _____ _____