# MERCER AREA SCHOOL DISTRICT

## Request for Change of Transportation and/or Address

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

<table>
<thead>
<tr>
<th>Students Name (s)</th>
<th>Grade</th>
<th>Home Address</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Parent/Guardians Name (s)</th>
<th>Relationship</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Today’s Date:** ________________  **Reason for Request:**

## NEW INFORMATION

### Requested PICK UP Address

- [ ] HOME (Address listed above)

- [ ] Requested DROP OFF Address

- [ ] HOME (Address listed above)

**REQUESTED Date to Begin:** ________________  
**PLEASE ALLOW 2-3 DAYS TO TAKE EFFECT**

## OLD INFORMATION

### PICK UP Address

- [ ] HOME (Address listed below)

- [ ] Requested DROP OFF Address

- [ ] HOME (Address listed below)

**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** ________  ________

Mooooooooosetracks ________  ________