

# Wake County Public Schools

## Transportation Service Request Form

Please Print in Ink or Type

<b>If the purpose of your request is:</b> _____	_____ Unsafe Stop _____ No Stop _____ New Student _____ Address Change _____ Stop Change _____ Other: _____	<b>Return to:</b> Wake County Public Schools Transportation Department 1551 Rock Quarry Road Raleigh, NC 27610 or e-mail to <a href="mailto:transportation@wcpss.net">transportation@wcpss.net</a>
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**Please read Policy 7125 and 7125 R&P very carefully before completing this form**

<b>Request for ineligible student</b> _____	<b>Return to:</b> Principal of School for which transportation service is requested***
Confirmation of Enrollment: _____	
Signature of Principal _____	Date _____

School Name: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_ Date Completed by Parent: \_\_\_\_\_

Address: \_\_\_\_\_ Home Telephone: \_\_\_\_\_

\_\_\_\_\_  
 City State Zip Code Business Telephone: \_\_\_\_\_

Student(s) Involved: \_\_\_\_\_ Age: \_\_\_\_\_ Grade: \_\_\_\_\_ Route Number/Color/Name: \_\_\_\_\_

\_\_\_\_\_ Present Bus Stop \_\_\_\_\_

\_\_\_\_\_ Proposed Bus Stop \_\_\_\_\_

(additional students, please list below with same information)

Reason For Request:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**\*\*PLEASE ALLOW 10 BUSINESS DAYS FROM RECEIPT OF THIS FORM BY THE  
TRANSPORTATION DEPARTMENT FOR A RESPONSE\*\***

Transportation Use Only

**Date Reviewed** \_\_\_\_\_ **Main Frame Status** \_\_\_\_\_ **Student Count** \_\_\_\_\_

**Request Approved** \_\_\_\_\_ **Effective Start Date** \_\_\_\_\_

**Bus Stop Location** \_\_\_\_\_

**Request Denied** \_\_\_\_\_ **Reason(s) for Denial** \_\_\_\_\_

**Signature of Authorized Transportation Representative:** \_\_\_\_\_