

**BELLEVUE SCHOOL DISTRICT TRANSPORTATION DEPARTMENT**  
**REQUEST FOR BUS ROUTE CHANGE**

Student(s) Name \_\_\_\_\_ Date \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Phone Number (H) \_\_\_\_\_ (W) \_\_\_\_\_

School Student Attends \_\_\_\_\_ Grade \_\_\_\_\_

Special Program \_\_\_\_\_

Student's Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Bus Route

Route Number \_\_\_\_\_

Stop (street, address, cross street) \_\_\_\_\_

I request a bus route change as follows (add/delete a stop; change pick up time; etc.):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The reason for my request is as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Signature \_\_\_\_\_

Submission of this route change request does not obligate the Transportation Department to make the change. Parents/guardians will not be formally advised of disapproval of the route change request. If the change is approved it will be implemented monthly as part of a regularly scheduled route change process.

If the change request is due to an unsafe walk or condition a safe walk appeal form (available at the student's school) may be the appropriate method to request a route change.

Mail to: Transportation Department  
Bellevue School District  
P.O. Box 90010  
Bellevue, WA 98009-9010