

ISD 719
Prior Lake- Savage Area Schools
4540 Tower St SE
Prior Lake, MN 55372
Office phone: 952.226.0050
Email: jswedberg@plsas.org

REQUEST TO CHANGE AN ASSIGNED STOP

School of Attendance. _____ Date _____

Name of Student(s). _____ Grade _____

Name of Student(s) _____ Grade _____

Address of Student(s) _____ Phone _____

Current Bus Stop. _____ Current Bus No. _____

Request To: (Check One) _____ Add Stop _____ Change Stop

Bus Stop Change Request to: _____

Reason for Request: _____

Parent Name (printed) _____

Parent Signature: _____

- | |
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| <ul style="list-style-type: none">• Changes related to safety issues will take precedence.• Students residing on dead end streets/cui-de-sacs are expected to walk to the nearest intersection to access a bus stop.• Bus stops may not be visible from the student's home.• Bus stop change requests will not be considered until the third week of the new school year. |
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For Transportation Use Only:

Date Request Received _____

Request is: _____ Approved _____ Effective Date _____ Denied

Bus Number _____ New Bus Stop _____ Time _____

Remarks _____

Response Made By _____ Date _____