

Wake County Schools

Transportation Service Request Form

Please Print in Ink or Type

Return to: Wake County Public Schools
Transportation Services
1551 Rock Quarry Road
Raleigh, NC 27610

Purpose of Request: _____
(Check One)

Unsafe Stop _____
No Stop _____
New Student _____
Address Change _____
Stop Change _____
Other: _____

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 Stop Location: _____

Proposed Stop Location: _____

If available, please include a map of areas affected.

Reason For Request:

****PLEASE ALLOW 7-10 BUSINESS DAYS FOR RESPONSE****

Transportation Use Only (Do Not Write Below Line)

Transportation Comments: _____

New Stop Location: _____ Beginning Date & Time: _____

Request Approved: _____ Request Denied: _____ Date Reviewed: _____

Signature of Authorized Transportation Representative: _____