

**Weare School District Bus Modification Request**

If you would like to modify your child's current bus stop or add a bus stop, please use this form. Send completed form by email or fax to Kate Rhodenizer at the Student Transportation of New Hampshire. If you prefer, you can drop it off at the school your child attends and the school will forward the document to the Student Transportation of New Hampshire. The school and the transportation company will review your request and contact you within ten (10) business days.

Your Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_, Weare NH 03281

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

If you are requesting a bus change for more than one of **your** children, please include all the necessary information below:

Name \_\_\_\_\_ Grade \_\_\_\_\_ Current Bus Number \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Current Bus Number \_\_\_\_\_

Name \_\_\_\_\_ Grade \_\_\_\_\_ Current Bus Number \_\_\_\_\_

Physical address of current pick-up and drop off location \_\_\_\_\_

Pick up Time \_\_\_\_\_ Drop off Time \_\_\_\_\_

Are there other students at this stop? \_\_\_\_\_ (Names are not needed)

Please describe the desired result of your request.

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

Why are you requesting this change? \_\_\_\_\_  
\_\_\_\_\_

Other information you believe is helpful in considering this request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

e-mail [krhodenizer@ridesta.com](mailto:krhodenizer@ridesta.com)  
Fax 529-2236

Kate Rhodenizer's written Recommendation: \_\_\_\_\_

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