



DOVER AREA SCHOOL DISTRICT
Empowering and Educating all learners to shape the 21st Century

2023-2024

TRANSPORTATION CHANGE REQUEST FORM

COMPLETE THIS FORM & RETURN TO:

TRANSPORTATION DEPARTMENT

DOVER AREA SCHOOL DISTRICT

BUSINESS OFFICE

101 EDGEWAY ROAD, DOVER, PA 17315

Kkohler@doversd.org Phone: 717-292-3671 x 80222

DATE REQUESTED: _____

STUDENT NAME: _____

PARENT NAME: _____

STREET ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

EMAIL: _____

BUS NUMBER STUDENT ASSIGNED TO: _____

BUS STOP STUDENT ASSIGNED TO: _____

STUDENT SCHOOL & GRADE: _____

REQUESTED CHANGE: _____

_____ **TEMPORARY CHANGE** _____ **PERMANENT CHANGE**

REASON FOR REQUESTED CHANGE: _____

PARENT SIGNATURE _____ **DATE** _____

IF THIS REQUEST IS DUE TO AN ADDRESS CHANGE, PROOF OF NEW RESIDENCY MUST BE PROVIDED, SUCH AS A COPY OF A LEASE, MORTGAGE STATEMENT, TAX BILL OR COPY OF NEW DEED.

YOUR REQUEST WILL BE REVIEWED AND RESPONDED TO AS SOON AS POSSIBLE. REQUESTS MAY TAKE UP TO 3 DAYS TO ACCOMMODATE.

NOTE: SUBMITTING A REQUEST DOES NOT GUARANTEE A CHANGE.

NO CHANGES WILL BE MADE FROM AUGUST 8 - SEPTEMBER 4, 2023