Hamilton Community Schools

Bus Route Change Request Form

Dear Parent/Guardian:
All requests for a change to your student's bus route or stop must be submitted in writing to the Transportation Department. Requests will be handled as promptly as possible and in the order in which they are received. In most cases, you should receive an acknowledgment of receipt within three (3) business days. However, depending on the time of year the request is made and the number of requests on hand, a determination on your request may take up to three (3) weeks.

All information on this form must be complete and accurate in order to respond to any request. Safety concerns will take the highest priority and changes for convenience that negatively impact safety, capacity, or timeliness of the bus will not be considered.

Please return this form to the Transportation Office at: 3644 48th Street Hamilton, MI 49419 or email: transportationdept@hamiltonschools.us

Student Information

Student Name(s): _____

School(s): _____

Bus # (AM): _____ Bus # (PM): _____

Parent/Guardian Information

Submitted By: _____

Address: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Email: _____

Bus Route Change Request

FOR OFFICE USE ONLY

Date Received: _____

Action Taken: _____

Notification Given: _____