

ROCK HILL SCHOOLS
Department of Transportation

BUS STOP CHANGE REQUEST FORM
THIS REQUEST MUST BE RENEWED EACH SCHOOL YEAR

Parent/Guardian Name: _____

Student(s) Name: _____ Grade: _____

School(s) Student(s) attend: _____

Request will not be processed without your address

Where do you live? (House Number/Street Name): _____

Is request for an additional bus stop? Yes No

IS CHILD: Special Needs? Yes No Wheelchair? Yes No Magnet/STEM? Yes No

New Stop Location: _____