PUYALLUP SCHOOL DISTRICT NO. 3

BUS STOP AND ROUTE CHANGE REQUEST FORM

Date _____Contact Name _____

School Name _____ Student Name _____

Address _____ City _____

Email Address _____ Phone #_____

Request: ☐ Additional Stop ☐ Change of Stop ☐ Route Change

☐ AM ☐ PM ☐ Mid-day ☐ Activity

Current Stop Address _____

Requested Stop Address _____

Reason For Request:

_____
_____
_____
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Please allow 14 calendar days from date of receipt for the Transportation Department to review, investigate and make a determination on your request. If your request is denied or you are not satisfied with the decision, you may appeal by filing a "Transportation Appeal Form" with the District's Safety Advisory Committee for consideration. Additional instructions are available on the District's website under the Bus Schedules icon.

Submit Form

Email completed form to: transportation@puyallup.k12.wa.us
Mail completed form to: Transportation Department 323 12th St NW, Puyallup, WA 98371