

Transportation Change Form must be received in DISTRICT OFFICE at least TWO FULL SCHOOL DAYS in advance of requested change. It may also be FAXED to 570-547-6271 or emailed to distoffice@montasd.org.



PLEASE PRINT. Date: _____

Student's Name: _____ Grade: _____

If Elementary, Teacher's Name: _____

Name of Parent or Guardian: _____

Address of Current Stop: _____

Telephone: _____

Email: _____

Assigned Bus Number: _____

Requested Change to: Bus Number: _____

Requested Bus Stop Address, Contact Name and phone number:

Requested for: AM ___ PM ___ Both ___ To Begin on: _____

Reason for Change: _____

Parent/Guardian Signature: _____

Approved

Disapproved

Authorized Signature: _____