

**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](mailto: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: \_\_\_\_\_