

2019 – 2020 Yadkin County Schools Transportation Department  
School Bus Request and Deletion Form

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Please check one box below.

Bus Stop Request  Bus Stop Deletion

School and Code \_\_\_\_\_ Date \_\_\_\_\_

Students Full Name (please print) \_\_\_\_\_ Grade \_\_\_\_\_

Students 911 Address (house #) \_\_\_\_\_ (street name) \_\_\_\_\_

Mailing Address (if different than above) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone \_\_\_\_\_

Transportation Address A.M. (house #) \_\_\_\_\_ (street name) \_\_\_\_\_

Transportation Address P.M. (house #) \_\_\_\_\_ (street name) \_\_\_\_\_

**Must have correct Transportation Address to provide transportation services.**

Please indicate reason for the change in transportation.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requestor's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**OFFICE USE ONLY**

It is a State Law that this information be reported to the Transportation Office within 10 school days from the date of change. Please provide the Assistant Principal, Bus Coordinator, Power School data managers and bus drivers with a copy of this information. This will keep everyone well informed of the change being made with the bus routes for each school. Thank you.

Bus # A.M. \_\_\_\_\_ Bus # P.M. \_\_\_\_\_

Assistant Principal/Bus Coordinator Signature \_\_\_\_\_

Power School Data Manager Signature \_\_\_\_\_

Bus Driver Signature \_\_\_\_\_

TIMS Data Manager Signature \_\_\_\_\_

Transportation Director Signature \_\_\_\_\_

Stop # \_\_\_\_\_ Run # \_\_\_\_\_ Route # \_\_\_\_\_