Transportation

2025-2026 Transportation Change Request Form

If your student is a choice transfer/variance or your student is wanting to ride a bus to an address other than the primary home address, please complete this form. After completion, please email to Transportation@everettsd.org, or mail to Everett Public Schools Transportation Department, PO Box 2098, Everett WA 98213 for processing.

At the beginning of the school year, it is necessary to wait until all eligible riders have had the opportunity to ride the bus before an accurate assessment of the number of students is confirmed prior to knowing if there is available space on the bus. This takes place the end of October each school year. At that time if space is available students can be assigned to a bus and stop. You will be notified by email after the assessment it complete.

- **Families will be notified of approval/denial by the First week of November.**
- **The completion of this form does not guarantee a bus ride and approvals are contingent on available seats.**
- **Students must utilize a pre-existing stop location within the service area of your school.**
- **Approval of form is only good for one school year.**
- **Ridership may be revoked if students do not adhere to the bus rules.**

Please check appropriate box: ☐Choice Transfer/Variance (Student attends Choice Program School or has variance)   ☐Dual Household

☐Daycare   ☐Other(ride with Sped Sibling, change stop location)

Student Name (First, Last) _____Student ID _____

Parent/Guardian Name (First, Last) _____

Address _____ City_____Zip _____

Email _____ Phone (_____)_____

School Attending _____

Bus stop location requesting _____

Requesting bus # (if known) _____   Requested time of transportation: ☐AM   ☐PM

I have read and understand the conditions of ridership and acknowledge that the completion of this form does not guarantee a bus ride and that I will be notified after my form has been reviewed; this will take place at the end of October.

☐Yes   ☐No

Parent Signature _____ Date _____

This form expires on June 30th every year, must be renewed annually. The request may be withdrawn, and approval revoked at any time upon written notification by parent or legal guardian.

Transportation

Student Name (First, Last) _____Student ID _____

Comments/Brief Explanation of request:

Transportation Department Use Only

Approved ☐   Denied ☐

AM Bus _____ Pick up Time _____   PM Bus _____ Drop off Time: _____

New Stop location/Action Taken _____ Start Date: _____

Request reviewed by (initial) _____ Evaluation Date _____

Parent Notified on: _____ By: _____

Driver Notified on: _____ By: _____

School Notified on: _____ By: _____