

Transportation

2024-2025 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 is 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:

<input type="checkbox"/>	Choice Transfer/Variance
<input type="checkbox"/>	Dual Household
<input type="checkbox"/>	Daycare
<input type="checkbox"/>	Other

Student Name (First, Last) _____ Student ID _____

Parent/Guardian Name (First, Last) _____

Address _____

Email _____ Phone # _____

School Attending _____

Bus stop location requesting _____

Requesting bus # (if known) _____

Requested time of transportation: AM or PM

<input type="checkbox"/>	AM
<input type="checkbox"/>	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.

<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

Parent Signature _____ Date _____

Transportation

Transportation Department Use Only			
Approved	<input type="checkbox"/>	AM Bus _____	PM Bus _____
Denied	<input type="checkbox"/>	Pick up Time: _____	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:	_____