



SYRACUSE CITY SCHOOL DISTRICT

Pamela J. Odom, Superintendent of Schools

Transportation Department

Jeremy C. Smith, Director

STOP CHANGE REQUEST FORM

School _____ Date _____

Current Stop _____

Proposed Stop _____

Reason _____

Parent Signature

Date

Student Name(s):

1. _____

2. _____

3. _____

☐

Approved

☐

Denied because:

Other students at stop ☐

Within 2 blocks ☐

Police Matter ☐

Transportation Administrator Signature

Date

NOTE: SCHOOL, PLEASE NOTIFY PARENT OF DENIAL