

**Edwardsville Community Unit School District 7**  
**Paid Transportation Change Request Form**

Parent(s) Name: \_\_\_\_\_ Student Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

Transportation Required:            A.M.            P.M.            Circle one or both, if applicable.

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please return this form with a self-addressed, stamped envelope to the student's attendance center or the Board of Education Office located at 708 St. Louis Street, Edwardsville.

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OFFICE USE ONLY - DO NOT WRITE BELOW THIS LINE

Amount Due: \_\_\_\_\_ Due Date: \_\_\_\_\_ Date Paid: \_\_\_\_\_

Date Approved: \_\_\_\_\_ School Year: \_\_\_\_\_

Date Denied: \_\_\_\_\_

Reason for Denial: \_\_\_\_\_

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**Bus Information:**

**To School:**

**From School:**

Bus Number: \_\_\_\_\_ Bus Number: \_\_\_\_\_

Stop Time (A.M.): \_\_\_\_\_ Stop Time (P.M.): \_\_\_\_\_

Stop Location: \_\_\_\_\_ Stop Location: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Assistant Superintendent of Business Operations