

Neshannock Township School District
3834 Mitchell Road
New Castle, PA 16105
724-658-4793 Fax: 724-658-1828

Request for Alternate Bus Stop or Child Care Provider

Name of Child: _____

Name of Parent(s) and/or Guardian(s): _____

Address: _____

Phone: _____ Evening: _____

A.M. – Pick Up Information (Must be the same location Monday through Friday.)

Regular Bus #: _____ A.M. Time and Stop: _____

Reason(s) for requested pick up change: _____

Requested bus stop: Name: _____

Address: _____ Phone: _____

P.M. – Drop Off Information (Must be the same location Monday through Friday.)

Regular Bus #: _____ P.M. Time and Stop: _____

Reason(s) for requested pick up change: _____

Requested bus stop: Name: _____

Address: _____ Phone: _____

Allow 2 days for bus change. Date request is to begin: _____

Signature of Parent(s) and/or Guardian(s) Date

(For Office Use Only)

- Memorial Elementary
- NTSD Junior High
- NTSD High School

A.M. Alternate Bus # _____ A.M. Time: _____ Stop: _____

P.M. Alternate Bus # _____ P.M. Time: _____ Stop: _____

Director of Transportation Date