

**HARRISON CENTRAL SCHOOL DISTRICT – TRANSPORTATION DEPARTMENT**

50 Union Avenue, Harrison N.Y. 10528  
Phone: 914-630-3303 – Fax: 914-630-3077  
[mpoleski@harrisoncsd.org](mailto:mpoleski@harrisoncsd.org)

**BUS ASSIGNMENT CHANGE REQUEST**

**STUDENT INFORMATION**

DATE: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

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

\_\_\_\_\_

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

**PARENT/GUARDIAN INFORMATION**

Name: \_\_\_\_\_

E-mail: \_\_\_\_\_

Phone: \_\_\_\_\_

Current Bus #: \_\_\_\_\_

Current Bus Stop: \_\_\_\_\_

Pick-up Time: \_\_\_\_\_

**REASON FOR REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROPOSED CHANGE:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*YOUR REQUEST WILL BE REVIEWED BY THE TRANSPORTATION DEPARTMENT  
YOU WILL RECEIVE A RESPONSE IN 1-2 WEEKS*