



W-JCC SCHOOL TRANSPORTATION

REQUEST FOR EXCEPTION TO SCHOOL BOARD POLICY EAAA FOR BUS STOP CHANGE



Date: _____

Current Stop : _____

Requested Change: _____

Reason for Exception Request-(be specific): _____

Student's Name: _____

Home Address: _____

Attending School: _____ Grade: _____

Requestor/Relationship: _____

Email Address: _____ Daytime Phone# _____ Evening Phone# _____

Mail Form: W-JCC Transportation
Routing Specialist
597 Jolly Pond Road
Williamsburg, VA 23188
Or Fax: 757-220-5513



TO BE COMPLETED BY TRANSPORTATION PERSONNEL ONLY:

Date Received at Transportation: _____

Routing Review: Support Change — Yes / No Date _____

Representative: _____

Comments: _____

Safety Review: Support Change — Yes / No Date _____

Representative: _____

Comments: _____

Transportation Coordinator Review: Support Change — Yes / No Date _____

Representative: _____

Comments: _____

Transportation Review: Approved _____ Denied _____ Date _____

Requestor Notified of Review (Date): _____

Transportation Representative: _____