Roanoke Rapids Graded School District
Transportation Service Request Form
Please Print in Ink or Type

Return to: Roanoke Rapids Graded Schools
Transportation Services
536 Hamilton Street
Roanoke Rapids, NC 27870

Purpose of Request: 
___ Unsafe Stop
___ No Stop
___ New Student
___ Address Change
___ Stop Change
___ Other: ______________________________

School Name: ________________________________

Name of Parent/Guardian: ________________________________

Date Completed by Parent: ____________

Address: ________________________________

Home Phone Number: __________________

City: ____________________ State: ____________ Zip Code: ____________

Work Phone Number: __________________

Student(s) Involved: ________________________________

Age: ____________ Grade: ____________

Present Stop Location: ________________________________

Proposed Stop Location: ________________________________

Reason for Request:

______________________________
______________________________
______________________________
______________________________

Draw a map. Indicate main roads, present stop, proposed stop, distance from house to proposed stop, etc.

Transportation Use Only (Do Not Write Below Line)

Transportation Comments: ________________________________

______________________________
______________________________
______________________________
______________________________

New Stop Location: ________________________________ Beginning Date & Time: ____________

Request Approved: ________ Request Denied: ________ DateReviewed: ________

Signature of Authorized Transportation Representative: ________________________________