



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: _____

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

A large, empty rectangular box with a black border, intended for the user to draw a map showing the route from home to school, including main roads, the current stop, and the proposed stop.

Reason for Request:

A series of six horizontal lines provided for the user to write the reason for the transportation request.

Transportation Use Only (Do Not Write Below Line)

Transportation Comments: _____

New Stop Location: _____ Beginning Date & Time: _____

Request Approved: _____ Request Denied: _____ Date Reviewed: _____

Signature of Authorized Transportation Representative: _____