



Success Institute Charter School

1424 #2 Rickert St | Statesville, NC 28677  
Office: 704.881.0441 | Fax: 704.881-0870

**SUCCESS INSTITUTE PARENT/GUARDIAN APPLICATION TO CHANGE SCHOOL BUS STOP LOCATION**

Effective Dates: \_\_\_\_\_

1. Date of Request \_\_\_\_\_ School \_\_\_\_\_ Bus # \_\_\_\_\_

2. Person Requesting Change: \_\_\_\_\_

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_

3. Detailed reason for request to change: \_\_\_\_\_

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

4. Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

***(School is required to complete lines 5-9)***

5. Existing TIMS Stop # \_\_\_\_\_

6. Location of Existing Stop \_\_\_\_\_

7. Location of Proposed Stop \_\_\_\_\_

8. Principal and/or Site Transportation Coordinator Remarks: \_\_\_\_\_

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

\_\_\_\_\_  
School Site Transportation Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Principal Signature

\_\_\_\_\_  
Date

***(For Transportation Office Use Only)***

YOUR REQUEST FOR THE PROPOSED BUS STOP CHANGE HAS BEEN

**APPROVED – Change scheduled to begin on** \_\_\_\_\_  
(Date)

**DISAPPROVED – See attached guidelines**

\_\_\_\_\_  
Terry Campbell, Transportation Director

\_\_\_\_\_  
Date