

**MANSFIELD PUBLIC SCHOOLS**  
**2 Park Row, Mansfield, MA 02048**  
**508.261.7503 / 508.261.7547 Fax**  
**email: [jodi.correia@mansfieldschools.com](mailto:jodi.correia@mansfieldschools.com)**

**2016/2017 Transportation Change Request Form**

Newly Enrolled Student	
Student Withdrawal	
Residential Address Change	
Request to Change Bus Stop Location	

---

---

**To be completed by Parent or School:**

**Date:** \_\_\_\_\_

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

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

**Student's Name:** \_\_\_\_\_

**Student's Home Address:** \_\_\_\_\_

**Contact #:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

---

---

**AM – Picked up at:** \_\_\_\_\_ **AM Route #:** \_\_\_\_\_

**PM – Dropped off at:** \_\_\_\_\_ **PM Route #:** \_\_\_\_\_