



**PLEASE FAX DIRECTLY TO**

**09 638 4798**

**Please ensure you have completed steps 1-9 and attached any supporting evidence. If you have not completed this form and its attachments correctly, it may result in a delay in processing.**

(No amendments to be made to routes without prior written approval)

**Review / Amendment / Deletion** (Please circle)

1. Route Number:	
2. Controlling School:	
3. All School(s) served by this route:	
4. Are the above Schools in agreement to this amendment?	Yes <input type="checkbox"/> / No <input type="checkbox"/>
5. Justification for Change:	
6. Date change to be effective from:	
7. If temporary change (eg: caused by road works), anticipated end date of change	
8. Please complete Pupil Data Sheet (form available at <a href="http://www.multiserve.co.nz">www.multiserve.co.nz</a> ) containing eligible pupils for all schools serviced by this bus route. ELIGIBLE STUDENTS PUPIL DATA SHEET ATTACHED MUST BE SIGNED BY BUS CONTROLLER.	
9. Please describe the changes required, including start and finish points of amendment. If necessary, please supply a map showing current and amended routes.	
Supporting evidence attached	

Authorised Signature		Name	
		Position	
		School	

*Enclosed: Route Map/Eligible Pupils List*