



PHONE: 225-262-7699

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BUS STOP REQUEST FORM

DATE: _____ STUDENT NAME: _____

STUDENT GRADE: _____ SCHOOL ATTENDING: _____ SCHOOL YEAR: _____

DAYTIME PHONE: _____ CELL PHONE: _____

ADDRESS OF STUDENT: _____

ADDRESS OF REQUESTED BUS STOP IF DIFFERENT FROM HOME ADDRESS

DATE STOP TO BEGIN: _____ AM, _____ PM _____ BOTH AM & PM

ADD STOP: _____ AM _____ PM _____ BOTH AM & PM

REASON FOR REQUEST: _____

PARENT/GUARDIAN SIGNATURE: _____

EMERGENCY CONTACT: _____

HOME PHONE: _____ CELL PHONE: _____

PARENT/GUARDIAN: _____

PRINCIPAL'S SIGNATURE: _____

USE THIS FORM TO REQUEST A CHANGE IN YOUR CHILD'S BUS STOP.

REQUEST MUST BE SIGNED BY SCHOOL ADMINISTRATION BEFORE FIRST STUDENT CAN ASSIGN A BUS NUMBER.

PLEASE NOTE: ANY CHANGES WILL TAKE AT LEAST TWO SCHOOL DAYS TO IMPLEMENT.

CHILDREN IN PK - 4TH GRADE MUST HAVE SOMEONE VISIBLE IN ORDER TO BE RELEASED FROM THE BUS.

BELOW LINE FILLED OUT BY FIRST STUDENT OFFICE ONLY

BUS # _____ STOP LOCATION _____ P/U TIME _____

BUS # _____ STOP LOCATION _____ D/O TIME _____