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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 - 4<sup>TH</sup> 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 \_\_\_\_\_