

Perth Amboy Board of Education Transportation Department

BUS STOP CHANGE REQUEST FORM

1. Requests for bus transportation to and/or from a location other than the student's registered address for child care purposes must be signed by a parent/guardian and submitted to the Transportation Department on the required form. Please understand, this service is a courtesy and is not mandatory.
2. All requests must be received at minimum fifteen (15) working days prior to the requested start date of the change in order to allow sufficient time for processing.
3. The request must designate one address for route assignment. All requests must be for **five (5) days per week**. No day to day changes will be permitted!
4. Address requested for the bus stop change must be within the same school attendance area of the school the child is assigned to.
5. ***One request will be permitted each school year.*** Any emergency requests will be reviewed by the Transportation Manager.

All requests will be processed as follows:

1. The child will be assigned to the closest existing bus stop along an existing bus route. No additional stops will be added.
2. There must be an available seat on the requested route. Enrollment projection will be taken into consideration to avoid overloading the bus route.
3. Parent, school and bus driver will be notified of all changes and when they take effect.

Student Name: _____ ID#: _____

Address: _____

School: _____ Grade: _____

New Stop Request Information:

Name: _____

Address: _____

Phone: _____ Emergency phone: _____

Newly Requested Stop: _____

Parent/Guardian's Phone: _____

Parent/Guardian's Signature: _____ Date: _____

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For Office Use Only

Date Request Received: _____

Assigned Pick Up Route # _____ New Assigned Pick Up Route#: _____

Assigned Drop off Route #: _____ New Assigned Bus Stop: _____

Effective Date of Change: _____

Notified ____ School ____ Carrier ____

Bus Pass Mailed _____, or Faxed _____ to fax number: _____

Initials: _____