

REQUEST FOR CHANGE OF BUS STOP

This form is to be used in the event you have concerns about the location of your child's bus stop. Upon receipt, your form will be reviewed and you will be contacted by the Transportation Office within 3 weeks of the receipt of your form.

Student's Name: _____ Route Number: _____

School Attending: _____ Bus Stop Location: _____

Reason for request: _____

Parent / Guardian Name: _____

Address: _____ street _____ town _____ zip code

Home Phone: _____ Work Phone: _____

Parent / Guardian Signature: _____ Date: _____

Return the completed form to: Hewlett-Woodmere Public Schools
Transportation Office
1 Johnson Place
Woodmere, NY 11598