Bus Stop Change Request

School _____ AM Bus # _____
PM Bus # _____

Name of Individual Completing Form: _____

Address: _____

Phone: _____

Student's Name(s): _____ _____
_____ _____

Present Bus Pick Up/Drop Off: _____

Requested Bus Pick Up/Drop Off: _____

Rationale for Request: *(Please write legibly and provide a clear, concise reason for request)*

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____ _____
Signature Date

Please submit completed request for approval to:
East Lyme Public Schools
Business Office
P.O. Box 176
165 Boston Post Road
East Lyme, CT 06333

Approved: _____ Denied: _____
Date Date

Transportation Request
8/01