



Monroe-Woodbury Transportation Dept.
 27 Mine Road, Monroe, NY 10950
 Phone: 460-6010 Fax 460-6040

**2016 – 2017 SCHOOL YEAR
REQUEST FOR A BUS STOP CHANGE**

*Any request for a school bus stop change must be made in writing. Reason(s) leading to your request must be included. **Please give specific details and explanations.** Notification of the decision will be made to the applicant within 30 days of the initial request. You will need to complete a form for each individual student, if more than one request is being made. (Do NOT use this form for babysitter bus stop information; that is a different form.)*

Student's Name: _____
 (please enter student's name)

Student's Address: _____
 (please enter student's address, street and town)

Student's Assigned Bus Number: _____
 (please enter student's assigned bus number)

Student's Assigned Bus Stop Location: _____
 (please enter student's assigned bus stop location)

Student's School: _____
 (please enter student's school)

Requested New Stop Location: _____
 (please enter requested new stop location)

Reason for this request to change the bus stop:
 (please enter reason for this request to change the bus stop)

Name of Parent/Guardian: _____
 (please enter parent or guardian name)

Contact Phone Number: _____ **Contact eMail Address:** _____
 (please enter contact phone number) (please enter email address)

TO SUBMIT: Print, scan and email to dlevisu@mw.k12.ny.us OR print and fax to 845-460-6040

For office use only:

Findings: _____ Date Stamp: _____

Date Parent/Guardian Contacted: _____

Dispatch Comments: _____