



BUS STOP CHANGE REQUEST

Student Name: _____

Full Address: _____

School: _____ Grade: _____

Parent or Guardian Home Phone: _____ Work Phone: _____

Current Bus Stop: _____

Current Bus Route # _____

Requested Bus Stop Location: _____

Are there other students currently getting on / off the bus at this requested location (circle)? **Y / N**

Reason for change request: _____

I understand that consideration will be given to this request, but a change is not guaranteed.

Parent / Guardian Signature: _____

Parent / Guardian name (please print): _____

If there are questions regarding this change I may be reached at:

Work Phone / Home Phone: _____ / _____

Due to the heavy volume of requests at the beginning of the school year, this request may take up to 3 weeks to resolve. Requests for students with no stop or stops that are safety concerns will receive highest priority.

This form should be returned via US mail or Faxed to: 248-203-3944

**BPS Transportation Department
2205 Holland Street
Birmingham, MI 48009**

For Office Use:

Transportation Approval: _____

Date: _____

Copy to: Building Administration: _____ Driver 1: _____ Driver 2: _____ File: _____