



PHONE: 225-262-7699
FAX: 225-262-7695

BUS STOP REQUEST FORM

DATE: _____ STUDENT NAME: _____

STUDENT GRADE _____ SCHOOL YEAR: _____

SCHOOL STUDENT IS ATTENDING: _____

ADDRESS OF STUDENT: _____

ADDRESS OF REQUESTED BUS STOP: _____

DATE STOP TO BEGIN: _____ AM, _____ PM, _____ BOTH AM & PM

REASON FOR REQUEST: _____

PARENT/GUARDIAN: _____

DAYTIME PHONE: _____ CELL PHONE: _____

EMERGENCY CONTACT ON FILE WITH SCHOOL: _____

HOME PHONE: _____ CELL PHONE: _____

PARENT/GUARDIAN SIGNATURE: _____

PRINCIPAL'S SIGNATURE: _____

USE THIS FORM TO REQUEST A CHANGE IN YOUR CHILD'S BUS STOP.
REQUEST MUST BE SIGNED BY SCHOOL ADMINISTRATION BEFORE FIRST STUDENT CAN ASSIGN A BUS NUMBER
PLEASE NOTE: ANY CHANGES WILL TAKE AT LEAST TWO SCHOOL DAYS TO IMPLEMENT

FILLED OUT BY FIRST STUDENT OFFICE ONLY

BUS # _____ ICON _____ PICK-UP TIME _____

FS 3/20/2008