MILFORD PUBLIC SCHOOL
REQUEST FOR BUS STOP/ROUTE CHANGE/ADDITION/DELETION

A separate form must be completed for students on different buses and in different schools
All decisions made in accordance with Board of Education Policy P-3541

School: _____ Bus: _____ Date: _____

Parent's Name: _____ Phone (H): _____ (W): _____

Address: _____ (Cell): _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

STOP LOCATION: A.M. Pickup: _____ P.M. Drop-off: _____

Does this change involve Day Care? ☐YES ☐ NO - If YES, list Day Care Provider Name, Address and Phone #

Day Care Provider Name: _____ Address: _____ Phone #: _____

REQUEST (use back side of paper if necessary): _____

_____

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TO BE COMPLETED BY TRANSPORTATION COORDINATOR: ☐ **Approved** ☐ **Denied** ☐ **Other**

OFFICIAL COMMENTS _____

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_____
Milford Public Schools- Transportation Coordinator

_____
Date