

**REQUEST TO ESTABLISH, CHANGE OR DELETE A SCHOOL BUS STOP**

**Note:** Requests for changes must be submitted to Director of Facility Operations  
1801 Bushkill Drive, Easton, PA 18040

**ORIGINATOR OF REQUEST:**

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_ Home Phone \_\_\_\_\_

\_\_\_\_\_ Work Phone \_\_\_\_\_

**STUDENT(S) AFFECTED BY THIS REQUEST:**

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

Name \_\_\_\_\_ School \_\_\_\_\_ Grade \_\_\_\_\_

**CHECK ONE:**      Establish Stop       Change Stop       Delete Stop

**FROM:**  
**Present Bus Stop**

\_\_\_\_\_ Location \_\_\_\_\_ Bus # \_\_\_\_\_ Route # (If Known) \_\_\_\_\_

**TO:**  
**The Following Bus Stop**

\_\_\_\_\_ Location \_\_\_\_\_ Bus # \_\_\_\_\_ Route # (If Known) \_\_\_\_\_

**REASON FOR REQUEST:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Submission of this bus stop change request does not obligate the Transportation Department to make the change. The first implementation of formal route changes will not occur until after the third week in October for stop change request submitted by September 27<sup>th</sup>.

**FOR OFFICE USE ONLY**

**CENTRAL ADMINISTRATION REVIEW:**      Request Approved       Request Denied

Signature \_\_\_\_\_ Date \_\_\_\_\_