

Bus Stop Change Request Form

****PLEASE NOTE:** Fully completed forms will be reviewed and processed after the third week of school.

Families will be contacted if stop changes/requests are approved.

Date : _____

Student Name: _____ Current Grade: _____ Student ID: _____

Street Address: _____ Apt. # _____

City: _____ Zip Code: _____

Parent/Guardian: _____

Email: _____ Home/Cell Phone: _____ Work Phone: _____

Currently Assigned Bus Stop: _____

Requested bus stop location: _____

Reason for Bus stop change request:

Parent/Guardian Signature: _____ Date: _____

Mail: DISTRICT TRANSPORTATION
737 OSSEO AVE. S
ST. CLOUD, MN 56301
EMAIL DSB@ISD742.ORG

Please submit completed requests as early as possible.
For additional questions and concerns,
please contact Transportation.
320-370-6940