

**BUS STOP CHANGE REQUEST
STONINGTON PUBLIC
SCHOOLS**

School _____

AM Bus No. _____

PM Bus No. _____

Name of Individual Completing Form: _____

Student's Name: _____

Grade: _____

Address: _____

Phone: _____

Present Bus Pick-Up/Drop Off: _____

Requested Bus Pick-Up/Drop Off: _____

Rationale for Request (Please write legibly and provide a clear, concise reason for request):

Signature _____

_____ Date

Please submit completed request for approval to: Stonington Public Schools
40 Field Street
Pawcatuck, CT 06379
attn: Peter Anderson

Approved: _____
Date

Denied: _____
Date