



RANDOLPH SCHOOL TRANSPORTATION



BUS STOP CHANGE REQUEST

****PLEASE ALLOW UP TO 2 WEEKS FOR ACCEPTANCE OR DENIAL OF CHANGE****

Date of Request _____ School _____

Student Name _____
Last Name First Name

Student Address _____

Phone # (H) _____ (C) _____

Email Address _____

AM Bus# _____ PM Bus# _____

Request to: **ADD** Stop

CHANGE Stop

Change Pick-up bus stop to: _____

Change Drop-off bus stop to: _____

Reason for Request: _____

Parent Signature

Date

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Mail to: Randolph Transportation Department
25 Schoolhouse Road
Randolph, NJ 07869
Email: randolphtransportation@rtnj.org

The transportation office will notify you by phone or email. Please allow 2 weeks