



**STONINGTON PUBLIC SCHOOLS
BUS STOP CHANGE REQUEST FORM 2023/2024**

School: _____ AM Bus No. _____

PM Bus No. _____

Name of Individual completing this form: _____

Students Name: _____ Grade: _____

Address: _____

email address (first form of communication): _____

Phone number: _____

Present pick up/drop off: _____

Requested pick up/drop off: _____

Safety concern for request (please provide the specific safety concern. additionally, see [transportation policy 3541](#)):

Signature _____ Date _____

Please submit completed request to: peter.anderson@stoningtonschools.org

Office Use Only

Date Received: _____

Approved: _____

Date Processed: _____

Denied: _____