



BUS CHANGE REQUEST FORM 2025-2026

Date: _____

School: _____

Student Name: _____ Grade: _____

Parent/Guardian name: _____ Tel # _____

Student Address: _____

Requested effective date of change: _____

Please Circle :

AM Bus Pickup Bus:

Add

Remove

NO Change

PM Bus Drop Off Bus:

Add

Remove

NO Change

SEATING ASSIGNMENT _____

Please note any other Changes: _____

NMRSD Approved: _____ Date: _____

Dee Bus Approved: _____ Date: _____

Bus Number AM: _____ Estimated Pickup Time _____ Pickup Location _____

Bus Number PM: _____ Estimated Drop Time _____ Dropoff Location _____

Effective date of change: _____

Forms should be emailed to Tammy Bombard: tbombard@deebus.com