



TRANSPORTATION DEPARTMENT
320 W Swamp Rd. Doylestown PA 18901 267-893-4000

ALTERNATE BUS STOP REQUEST 2026-2027

This form is used for long-term changes only.

See a full list of regulations for ABSR approvals on our Transportation web-page at [CBSD.org](https://www.cbsd.org)

The process of assigning an Alternate Stop could take up to 10 school days.

STUDENT NAME _____ SCHOOL _____

ASSIGNED BUS # _____ ASSIGNED STOP _____

PARENT/GUARDIAN AT CURRENT STOP

NAME _____

ADDRESS _____

CELL PHONE _____ HOME PHONE _____ E-MAIL _____

SIGNATURE _____ DATE _____

FORM MUST BE RENEWED ANNUALLY

☐
☐

CHILD CARE (K-5 ONLY- must be within school boundary)

SHARED CUSTODY (both parents must sign form)

☐
☐
☐

AM ONLY

PM ONLY

AM & PM

CONTACT INFO AT ALTERNATE STOP

NAME _____

ADDRESS _____

CELL PHONE _____ HOME PHONE _____ E-MAIL _____

SIGNATURE _____ DATE _____

E-mail to transportation@cbsd.org

FOR TRANSPORTATION OFFICE USE ONLY

☐
☐

Accepted

Denied

INITIALS _____ DATE _____

REASON IF DENIED _____