LAWRENCE PUBLIC SCHOOLS
REQUEST FOR CHANGE OF BUS STOP

This form is to be used in the event you have concerns about the location of your child's bus stop. If a change is approved, you will be sent a new bus card.

Student's Name: _____ Grade: _____ School: _____

Change being requested for (check one): A.M Route ☐ P.M. Route ☐ Both A.M. and P.M Routes ☐

Route # A.M._____ Route # P.M. _____

Reason for request: _____

_____

Parent/Guardian Name: _____

Address: _____ _____ _____
Street *Town* *Zip Code*

Home Phone: _____ Cell Phone: _____

Email: _____

Parent/Guardian Signature: _____ Date: _____

Return the completed form to:

LAWRENCE PUBLIC SCHOOLS
Department of Transportation and Registration
Room 105
195 Broadway Lawrence, New York 11559
Or Fax to 516-622-8025 / Email: Transportation@Lawrence.k12.ny.us