

Bensalem Township School District

Bus Stop or Day Care Transportation Change Request

Student Name: _____ Grade: _____

Student Address: _____

Student's School: _____

Current A.M. Bus Stop: _____

Current P.M. Bus Stop: _____

A.M. Babysitter (Address): _____

Phone Number: _____

A.M. Bus Stop: _____

P.M. Babysitter (Address): _____

Phone Number: _____

P.M. Bus Stop: _____

Reason for Request: _____

Start Date for change: _____

If approved by School Principal with signature the school should immediately fax to Transportation at (215) 244-2709. Requests may take up to four school days to implement. **As per School Board policy, all requests must use an existing bus stop. No new bus stops will be added.** All areas of this form must be completed. Please note: Forms must be completed for each school year.

Parent Signature

Principal Signature

Date: _____

Date: _____

Parent daytime phone number: _____

Parent daytime e-mail address: _____

Note: Upon completion form will be faxed or emailed to the school of attendance. It is the responsibility of school personnel to notify parents.
