

## Robbinsville Public Schools

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 $Tammy \ Arnwine \cdot \ Transportation \ Supervisor \cdot \ Arnwine. tammy @robbinsville.k12.nj.us$ 

## **REQUEST FOR BUS STOP CHANGE**

This form must be filled out completely and forwarded to the Transportation Department for evaluation and approval. Only those requested that adhere to Federal/State Law and District Policy will be approved.

		Date:
Student Name:		Grade:
Home Address:		
	Work/Cell:	
•••••		
	CURRENT STOP LOCATION	
Current Stop Location: _		
•••••		
	<b>REQUESTED STOP LOCATION</b>	
Requested Stop Location	1:	
Check all that apply: AM pick up PM drop off		
*STOPS WILL ONLY BE CHANGED ON A FIVE-DAY PER WEEK BASIS- <u>NO EXCEPTIONS</u> ! *		
•••••	••••••	
PLEASE	GIVE A BRIEF DESCRIPTION WHY STOP CHANGE IS BEING	REQUESTED
Requestor's signature:		
Approved: Eff	fective Date: Disapproved:	
Transportation Supervisor S	Signature:	

Robbinsville Public Schools seek to provide an outstanding educational program for students; one in which inquiry, discovery, and the love of learning are cultivated while students develop strong academic and interpersonal skills. The faculty and staff in Robbinsville are committed to creating personalized learning experiences for all students where each is challenged to reach his/her full potential.