



Robbinsville Public Schools

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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: _____

Home Phone: _____ Work/Cell: _____

CURRENT STOP LOCATION

Current Stop Location: _____

REQUESTED STOP LOCATION

Requested Stop Location: _____

Check all that apply: AM pick up _____ PM drop off _____

***STOPS WILL ONLY BE CHANGED ON A FIVE-DAY PER WEEK BASIS-NO EXCEPTIONS! ***

PLEASE GIVE A BRIEF DESCRIPTION WHY STOP CHANGE IS BEING REQUESTED

Requestor's signature: _____

Approved: _____ Effective Date: _____ Disapproved: _____

Reason for disapproval: _____

Transportation Supervisor Signature: _____