



## Robbinsville Schools

Creating Opportunities for Every Student

155 Robbinsville Edinburg Road  
Robbinsville, NJ 08691

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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 requests that adhere to Federal/State Law and District Policy will be approved.

Date: \_\_\_\_\_

Student Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work/Cell: \_\_\_\_\_

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#### CURRENT STOP LOCATION

Current Stop Location: \_\_\_\_\_

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#### 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!\***

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#### PLEASE GIVE A BRIEF DESCRIPTION WHY STOP CHANGE IS BEING REQUESTED

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Requestor's signature: \_\_\_\_\_

Approved: \_\_\_\_\_ Effective Date: \_\_\_\_\_ Disapproved: \_\_\_\_\_

Reason for disapproval: \_\_\_\_\_

Transportation Supervisor Signature: \_\_\_\_\_