



Robbinsville Schools

Creating Opportunities for Every Student

155 Robbinsville Edinburg Road
Robbinsville, NJ 08691

Jennifer Freeman
Interim Transportation Supervisor
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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: _____

.....
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: _____