

**BUS STOP CHANGE REQUEST
WATERFORD PUBLIC SCHOOLS**

School _____

AM Bus No. _____

PM Bus No. _____

Name of Individual Completing Form: _____

Student's Name: _____

Grade: _____

Address: _____

Phone: _____

Present Bus Pick-Up/Drop Off: _____

Requested Bus Pick-Up/Drop Off: _____

Rationale for Request (Please write legibly and provide a clear, concise reason for request):

Signature _____

Date _____

Please submit completed request for approval to:

Waterford Public Schools
Business Office
P.O. Box 284
15 Rope Ferry Road
Waterford, CT 06385

Approved: _____
Date

Denied: _____
Date