

SPECIAL BUS STOP REQUEST FORM

The completed form should be e-mailed to Elizabeth Mocarski at emocarski@bloomsd.k12.pa.us.

Student's Name: _____ School: _____

Home Address: _____ Grade: _____

_____ Home Phone: _____

Name of Parent/Guardian With Whom Student Resides: _____

Parent or Guardian's E-mail Address: _____

Parent or Guardian's Alternate Phone Number(s): _____

Parent/Guardian Signature

Date

Request Information for 2024-2025 Academic Year

Requested Morning Stop: _____
(Include complete address.)

Requested Afternoon Stop: _____
(Include complete address.)

Date You Would Like Request to Begin: _____

Reason for this Request: _____

PLEASE NOTE:

The Bloomsburg Area School District has the right to approve or deny any request for a bus stop change.

Only requests to change a student's bus stop to an already existing bus stop will be considered.

No new bus stops will be created due to a special request.

Once your request has been reviewed and either approved or denied, the parent/guardian will be notified. If the change is approved, the parent will be given information regarding the new bus number, bus stop, pick-up and drop-off times, and the date the arrangement will begin.

For District Office Use Only

Approved: _____ Morning Bus No.: _____ Bus Stop: _____ Time: _____

Start Date: _____ Afternoon Bus No.: _____ Bus Stop: _____ Time: _____

Not Approved: _____ Reason: _____

Elizabeth Mocarski, Transportation Coordinator

Date