

Future Ready. Community Strong.

200 West Burnsville Parkway Burnsville, MN 55337

Transportation Department (952) 707-2067 (952) 707-2069 Fax (952) 707-2097

REQUEST FOR BUS STOP CHANGE

School of Attendance	Date
Name of Student(s)	Grade
Name of Student(s)	Grade
Address of Student(s)	Phone
Current Bus Stop	Current Bus No
Request To: (Check One)Add Stop	Change Stop
Bus Stop Change Request to:	
Request is for:AM Pick up Bus stopPM Dro	p off BusMidday (Kdgn) Bus stop
Reason for Request	
Parent Name (printed)	
Parent Signature	Date
 Changes related to safety issues will take pred Students residing on dead end streets/cul-de-s nearest intersection to access a bus stop. Bus stops may not be visible from the student Bus stop change requests will not be consider school year. 	acs are expected to walk to the ts home.
For Transportation Use Only: Date Request Received	
Request is:ApprovedEffect	ive DateDenied
AM Bus Number Bus Stop	Time
Midday Bus Number Bus Stop	Time
PM Bus Number Bus Stop	
Remarks	

Response Made By ______ Date _____