Bus Stop Change Request Form

**PLEASE NOTE: Fully completed forms will be reviewed and processed after the third week of school.

Families will be contacted if stop changes/requests are approved.

Date: ________________

Student Name: ___________________________ Current Grade: _______ Student ID: __________________

Street Address: ___________________________ Apt. #: ___________

City: ________________ Zip Code: ______________

Parent/Guardian: __________________________________________

Email: ________________ Home/Cell Phone: ________________ Work Phone: ____________________

Currently Assigned Bus Stop: __________________________________________________________

Requested bus stop location: _______________________________________________________________________

Reason for Bus stop change request:

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

________________________________________________________________________________

Parent/Guardian Signature: __________________________________________ Date: ________________

Mail: DISTRICT TRANSPORTATION
737 OSSEO AVE. S
ST. CLOUD, MN 56301

EMAIL DSB@ISD742.ORG

Please submit completed requests as early as possible.

For additional questions and concerns, please contact Transportation.

320-370-6940

Revised 6/15/2022