

FARMINGTON PUBLIC SCHOOLS
TRANSPORTATION DEPARTMENT

REQUEST FOR RELOCATION OF BUS STOP

All written requests are reviewed in the order received. **No telephone requests will be accepted.** It is our goal to respond within 15 business days upon receipt of this form.

Please email this form when completed to: fpstransdept@farmington.k12.mi.us – Supervisor: Erin Hill

Date: _____

Student(s) Name(s): _____

School: _____ Current Route: _____

I am requesting a change for my child's: Pick up [] Drop Off [] Both []

PLEASE READ - The following, but not limited to, does NOT warrant a change in the route: lack of sidewalks within the subdivision, weather conditions, family situations, bus stop not visible from home, traffic enforcement, darkness, and the bus travels past your house.

Reason for the change:

_____.

Current stop location: _____.

Proposed stop location: _____.

Contact Information (if we need to contact you regarding this request):

Name: _____

Address: _____

Phone Number(s): _____

E-Mail Address: _____

Date Received: _____ Reviewed By: _____

Alternate Location Identified: _____

Request Approved: _____ Start Date: _____

Notified: School _____ Driver _____ Computer _____ Parent _____

Request Denied on: _____ Reason for Denial: _____.

Notified by E-Mail: _____ by: _____.

*** No requests will be accepted after September 29, 2017 ***