

TRANSPORTATION CHANGE REQUEST FORM

SOUTH HUNTERDON REGIONAL SCHOOL DISTRICT
301 MT. AIRY-HARBOURTON RD., LAMBERTVILLE, NJ 08530
PHONE: 609-397-2060

FAX COMPLETED FORM TO
609-397-2366
OR EMAIL
MISSY.RICHARDSON@SHRSD.ORG

This form must be filled out completely. Your child's Principal/School Administrator must sign then forward to South Hunterdon Transportation department for determination of approval. All alternate arrangements take three (3) to five (5) school days before they are effective. You will be notified if approved or denied.

Date: _____

Student Name: _____ Grade: _____

Home Address: _____

Home phone: _____ Work phone: _____

School you child attends: _____

Current Route # _____ Current Stop: _____

I would like to request a bus stop change as follows:

The reason for my request is as follows:

Note: ALL REQUEST FOR CHANGES MUST BE FIVE (5) DAYS A WEEK.

Parents may be responsible for Transportation to and/or from school if alternative location is not available.

A new form must be filled out if there are any changes to the above arrangements.

These arrangements are for the current school year only. A new form must be filled out each school year.

Effective Date: _____ Parent/Guardian signature: _____

School Administrator: _____