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Bus Stop Change Request Form

Student Name: _____

Address: _____

School of Attendance: _____

Current Bus Stop Location: _____

AM Bus #: _____ PM Bus #: _____

Requested Stop Location: _____

Reason for Request: _____

Parent/Guardian Name: _____ Date: _____

Transportation Department Use Only

Request Approved Request Denied

Effective Date: _____

New Bus Stop Location (If Approved): _____

Comments: _____
