HAUPPAUGE PUBLIC SCHOOLS
Transportation Department
495 Hoffman Lane P.O. Box 6006
Hauppauge NY 11788
Phone: 631-870-5786   Fax: 631-870-5789
Or Email to: kinsleyg@hauppauge.k12.ny.us

BUS STOP REVIEW / CHANGE REQUEST

This form is used to identify necessary information to review whether a bus stop should be changed or added. Please complete the following information regarding the review request. Please drop off, fax or mail this form to the Transportation Department. It may take up to (2) weeks to process this request.

Student Name: _____________________________________________

Grade:_____     School:_______________________________________

Bus Letter, if known: ______

Please circle all services requested:  A.M. / NOON / P.M.

Permanent Change Requested Start Date:_____/_____/______

Location of requested stop. Please give street name with address and nearest intersection:

________________________________________________________________________

Briefly describe why changes or a new stop is being requested:

________________________________________________________________________

________________________________________________________________________

Parent / Guardian Name: _________________________________________

Address: _________________________________________________________

Daytime Telephone: (___)_____________ Evening Phone: (___) _____________

E mail Address: _________________________________________________

We appreciate the opportunity to serve the families of Hauppauge Public Schools and hope we can resolve any concerns you may have regarding your child’s bus stop.

________________________________________________________________________

For office use:

Date Responded to Request: ______________    Circle Request Status: Approved / Denied

Driver Notification Date: ________________    Route Description Updated Date: ______________

Approval Signature: ________________________________

Stop Change Form 08/14/17