

**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: \_\_\_\_\_