

NORWALK PUBLIC SCHOOLS  
TRANSPORTATION  
BUS STOP ADDITION/CHANGE REQUEST FORM

**Please complete this entire form, please note that requests will be reviewed based on the concerns that you include (i.e. safety, hazard, no sidewalks, traffic speed and volume, width of road, etc.). Preliminary evaluation will be done and a site survey will be conducted. You will be notified in writing once a decision has been made. Requests are reviewed based on safety first; it may take up to 10 – 14 business days until you receive notification of the decision. Thank you.**

Parents Name: \_\_\_\_\_ Students Name: \_\_\_\_\_

Official Address: \_\_\_\_\_ Students School: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Students Grade: \_\_\_\_\_

Parents Cell/Work #: \_\_\_\_\_

Bus #: \_\_\_\_\_

Scheduled Bus Stop: \_\_\_\_\_

What are you requesting? (please circle one)    Addition    or    Change

Requested Bus Stop: \_\_\_\_\_

Please explain the reasoning for your request: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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