



Newtown Public Schools  
Transportation Information

## PRIMARY BUS STOP CHANGE REQUEST

Date: \_\_\_\_\_, 2018/2019

Student Name: \_\_\_\_\_

School Attending: \_\_\_\_\_ Grade: \_\_\_\_\_

Home Address: \_\_\_\_\_

Current Bus # (A.M.): \_\_\_\_\_ Stop: \_\_\_\_\_

Current Bus # (P.M.): \_\_\_\_\_ Stop: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Daytime Phone #: ( ) \_\_\_\_\_ Evening Phone # ( ) \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Cell #: ( ) \_\_\_\_\_

What is your change request & why?

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Action Taken:

Date Parent contacted: \_\_\_\_\_ 2018/2019

Resolved by (circle one):     Alan Colangelo

Joan Baumgart