

BASD ADDITIONAL BUS STOP REQUEST FORM

Each child is permitted one additional stop. Stops must be **consistent**, throughout the school year.

STUDENT NAME _____ ID# _____

EFFECTIVE DATE _____ SCHOOL ATTENDED _____ GRADE _____

PARENT / GUARDIAN NAME _____

PRIMARY STOP ADDRESS _____

ADDITIONAL STOP ADDRESS _____

SECOND STOPS WILL BE USED ON THESE DAYS AND WEEKS:

CIRCLE DAYS OF WEEK: MON. TUES. WED. THUR. FRI.

CIRCLE WEEK OF THE MONTH: 1st, 2nd, 3rd, 4th

CIRCLE: BOTH AM PM

JUSTIFICATION: _____

PARENT OR GUARDIAN SIGNATURE _____

PHONE #1 _____ PHONE #2 _____

Date Assigned: _____

Administration Use Only

Bus Assignment:

Stop No. _____

Bus No. _____

AM Time: _____ Address: _____

PM Time: _____ Address: _____

*FAX OR EMAIL FORM TO BUS GARAGE 814-368-4109 / bbryan@bradfordareaschools.org
**TRANSPORTATION SUPERVISOR WILL RESPOND WITH STOP INFORMATION WITHIN 3 DAYS
WE WILL NOT GRANT SAME DAY REQUESTS.***

8/12/2019