

Hampton Bays School District
Transportation Department
Phone: 723-2100 x 5291 Fax: 723-2109
John Moran, Transportation Administrator

BUS CHANGE REQUEST

DATE: _____ CURRENT BUS ROUTE NUMBER: _____

STUDENT NAME (please print): _____ Grade _____

PARENT/GUARDIAN NAME (please print): _____

CURRENT PHYSICAL ADDRESS _____

CURRENT MAILING ADDRESS _____

TELEPHONE NUMBER: _____

IS THIS CHANGE FOR DAYCARE PURPOSES? YES NO (please circle)

IF NOT, REASON FOR CHANGE:

DAYCARE PROVIDER NAME: _____

ADDRESS: _____ PHONE: _____

AM ONLY

PM ONLY
(please circle one)

AM & PM

I understand that I must submit this application to the Office of Transportation for review. Upon approval by the Superintendent, I must allow up to five (5) business days for the requested change to go into affect.

PARENT/GUARDIAN SIGNATURE: _____

- No bus stop change is guaranteed.

