



Bloomfield Hills Schools
TRANSPORTATION DEPARTMENT
REQUEST FOR RELOCATION OF BUS STOP

All written requests are reviewed in the order received. No telephone requests will be accepted. It is our goal to respond within 15 Business days upon receipt of this form.

Please email this form when completed to: JMack@Bloomfield.org attn.: Jane Mack

Date: _____

Student(s) Name(s): _____

School: _____ Current Route: _____

I am requesting a change for my child's: Pick up [] Drop off [] Both []

PLEASE READ - The following, but not limited to, does NOT warrant a change in the route: lack of sidewalks within the subdivision, weather conditions, family situations, bus stop not visible from home, traffic enforcement, darkness, and the bus travels past your house.

Reason for the change: _____

Current stop location: _____

Proposed stop location: _____

Contact Information (if we need to contact you regarding this request):

Name: _____

Address: _____

Phone Number(s): _____

E-Mail Address: _____

Date Received: _____ Reviewed by: - _____

Alternate Location Identified: - _____

Request Approved: _____ Start Date: _____

Notified: School _____ Driver _____ Computer _____

Parent _____

Request Denied on: _____ Reason for Denial: - _____

Notified by E-Mail: _____ by: _____

*** No requests will be accepted after September 26, 2019 ***