



Newtown Public Schools

Transportation Information

## **PRIMARY BUS STOP CHANGE REQUEST**

Date: \_\_\_\_\_, 2025/2026

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: \_\_\_\_\_ 2025/2026

Resolved by (circle one):      Devon Hamilton      Yamila Tornos