

Brevard School District Transportation Services
Request for a Bus Stop or Bus Stop Change Form

Form completed by School Office Staff and email to:
Routing and Dispatch Office- BusRouters@Brevardschools.org

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School: _____ Date: _____

Student Name: _____ Student ID Number: _____

Address in AS400: _____

Email Address: _____

Phone #: _____ Grade Level: _____
.....

Bus stop change only:

Current Bus Stop: _____

Route Number: _____ Bus Number: _____

Requested Stop Location: _____

- Reason for Request: Change of Address-(AS400) Home closer to other stop
 New Neighborhood/Street Temporary Road Construction Home is more than 1 1/2 miles
From a bus stop (6A-3.001) Home is less than 2 miles from school (8600 BPS Policy)
 Other Explain: _____

Parent/Guardian Signature: _____
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Routing Department Only

Date of Review: _____

Stop Request: Approved Denied

Reason for Denial: 6A-3.001 8600-Transportation BPS Policy

Area does not qualify for Elementary Hazardous Walking Conditions (F.S. 1006.23)

Approved by: _____

Date School notified: _____

Date change will start: _____

Bus and Route number: _____

Stop Location: _____

Attach Transportation Bus Registration Slip and send back to School Office Staff