



Long Beach Public Schools
Transportation Department
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Mrs. Nancy Nunziata
Transportation Supervisor

BUS STOP CHANGE REQUEST FORM

Please fill out this form electronically by typing your information, then saving form on your computer and sending via email to: forms-transp@lbeach.org. You can also print, fill out and fax or email. Provide as much detail as possible below. If submitted during the first month of school, it may take 3-4 weeks from receipt to make a determination.

Guardian's Name: _____ Student's Name: _____

Address: _____ School: _____

Email: _____ Route#: _____ Bus#: _____

Phone Number: _____ Driver's Name: _____

Stop Location: _____

Your Bus Pass Stop Time AM: _____ PM: _____

Detail Explanation:

Parent Signature _____

Date _____