Long Beach Public Schools
Transportation Department
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Mr. William Callahan
Transportation

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** _____