



**GREAT NECK PUBLIC SCHOOLS**  
Department of Transportation



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Bus Stop Review Request Form

Student's Name: \_\_\_\_\_ School: \_\_\_\_\_

Address: \_\_\_\_\_

Assigned Bus Stop: \_\_\_\_\_

Requested Bus Stop: \_\_\_\_\_

Reason for requesting bus stop change:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_