



TRANSPORTATION DEPARTMENT  
320 W Swamp Rd. Doylestown PA 18901 267-893-4000

## ALTERNATE BUS STOP REQUEST 2024-2025

This form is used for long-term change only.

See a full list of regulations for ABSR approvals on our Transportation webpage at [CBSD.org](https://www.cbsd.org)

The process of assigning an Alternate Stop could take up to 10 school days.

PLEASE SUBMIT THIS FORM BY JUNE 30 FOR THE UPCOMING YEAR.

STUDENT NAME \_\_\_\_\_ SCHOOL \_\_\_\_\_

ASSIGNED BUS # \_\_\_\_\_ ASSIGNED STOP \_\_\_\_\_

### PARENT/GUARDIAN AT CURRENT STOP

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

### FORM MUST BE RENEWED ANNUALLY

☐ CHILD CARE (K-6 ONLY, must be within school boundary)

☐ SHARED CUSTODY (both parents must sign form)

☐ AM ONLY

☐ PM ONLY

☐ AM & PM

### CONTACT INFO AT ALTERNATE STOP

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

Cell Phone \_\_\_\_\_ Home Phone \_\_\_\_\_ E-mail \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

E-mail to [transportation@cbsd.org](mailto:transportation@cbsd.org)

### FOR TRANSPORTATION OFFICE USE ONLY

☐ Accepted

☐ Denied

INITIALS \_\_\_\_\_ DATE \_\_\_\_\_

REASON IF DENIED \_\_\_\_\_