



School District of Menomonee Falls

MENOMONEE FALLS, WISCONSIN 53051

DISTRICT OFFICE
 W156 N8480 PILGRIM ROAD
 (262) 250-8851 FAX (262) 255-8461

BUS STOP CHANGE REQUEST FORM (ELEMENTARY PARTNER SCHOOL ONLY)

This form used to request an elementary school as your child's bus stop in lieu of your assigned corner bus stop.

Important: Please return the completed form to: School District of Menomonee Falls, Transportation Office, W156 N8480 Pilgrim Road, Menomonee Falls, WI 53051 or scan and email to transportation@sdmfschools.org or fax to (262) 255-8461. If forms and/or changes are received after August 25th we cannot guarantee change will be done by first day of school.

Bus Route # _____ Location of (assigned) Pick up/Drop Off _____

List only students requesting a bus stop change:

Student Name	School	Grade	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Parents **email** address: _____
 Requestor's Name _____
 Home Address _____
 Home Phone _____

Before School:

PICK UP _____ (school or assigned bus stop)
 TAKE TO _____ (school)

After School:

PICK UP _____ (school)
 TAKE TO _____ (school or assigned bus stop)

Office Use:	Initials/Date	Denied	Map	List of Students	Approve JB	Start Date
	_____	_____	_____	_____	_____	_____