

2023-2024

SOMERS PUBLIC SCHOOLS

BUS STOP CHANGE REQUEST FORM

Parent(s)/Guardian(s) Name _____

Address _____ Phone # _____

Student Name _____ Bus # _____

School _____ Grade _____

Requested Change (please include current location, requested location and explanation for request)

Signature _____ Date _____

Following the receipt of your request, please allow 7-10 business days for review.

Please send your request to:
Stephanie Levin
Director of Business Services
Somers Public Schools
1 Vision Boulevard
Somers, CT 06071