

BROOKLYN MIDDLE SCHOOL

BUS CHANGE REQUEST

Student's Name: _____ Grade: _____

_____ Grade: _____

_____ Grade: _____

Home Address: _____

Parent's Name: _____ Phone: _____

Start Date: _____ End Date: _____

AM Pick-up point:

Name: _____ Phone: _____

Address: _____

Effective Days and Times: _____

PM Drop off point:

Name: _____ Phone: _____

Address: _____

Effective Days and Times: _____

Please list an alternative adult to contact or release child to in the event no one is at home at time of drop off.

Alternative contact name: _____ Phone: _____

Parent/Guardian Signature: _____

Date: _____

Please be aware that we will process your request as quickly as possible, however, please review the Brooklyn School District's *School Transportation-Requests for Bus Changes* policy which is on the back of this form. For additional information, you may also call M&J Bus Company directly at 860-412-0777.