

Henniker Community School

Parent/Guardian School Bus Stop Request Form

Date of Request: _____

Parent/Guardian Name: _____

Student(s) Name: _____

Student(s) Grade: _____

Physical Address(*): _____

_____ **Henniker, NH 03242** _____

Form To Be Returned To:
Henniker Community School
51 Western Avenue
Henniker, NH 03242
Attn: Assistant Principal

Home Phone _____

Is your house # clearly visible from the street (either on mailbox or on house)? YES [] NO []

Mailing Address: _____

(If Different From Physical)

- Is this request for :
- Addition of a bus stop on an existing route
 - Relocation of an existing bus stop to a new location on an existing route
 - Addition of a bus stop on a new route
 - variation of AM/PM location due to childcare consideration

Current Bus Stop Location: _____ Route #: []1A []1B []2A []2B []3 []4 []5 []6A []

Requested Bus Stop Location: _____ Route #: []1A []1B []2A []2B []3 []4 []5 []6A []

Please provide any information that would be helpful in the evaluation of this request:

*-Address provided must conform to the new town wide street numbering system

FOR OFFICIAL USE ONLY

Date Received:

Date Forwarded to Bus Company:

Bus Company Comments:

Date:

Date Forwarded to School Board:

Board Decision:

Date: