

Delsea Transportation Department



Clayton, Delsea, Elk Twp. School Districts School Bus Stop Change Form

Date: _____

Parent/Guardian Name: _____

Student Name: _____

Student Address: _____

City, State, Zip: _____

Phone: _____ Email: _____

Please note, stop can alternate for AM and PM, but they must be the same Monday through Friday.
Any Changes must be submitted five (5) business days prior to the effective date.

My Child will NOT require Transportation (Please check) _____

Present AM Bus Stop: _____

Requested AM Bus Stop: _____

Present PM Bus Stop: _____

Requested PM Bus Stop: _____

Return Request to:
Delsea Transportation Department
PO Box 405, 242 Fries Mill Rd, Franklinville, NJ 08322
Or
Email: msmashey@delsearegional.us

*****OFFICE USE ONLY*****

Date received: _____

AM BUS: _____ STOP: _____

Notification: _____

Driver: _____

PM BUS: _____ STOP: _____

Parent: _____

School Office: _____