



MIDDLE COUNTRY CENTRAL SCHOOL DISTRICT-TRANSPORTATION DEPT
25 N BICYCLE PATH, SELDEN, NY 11784 (631)285-8880

BUS STOP CHANGE REQUEST FORM

Complete the Bus Stop Change Request form only after reviewing the Bus Stop Procedures and Routing Criteria and determining that your situation may require special consideration. The criteria are applied to all riders regardless.

I have read through the Bus Stop and Routing Criteria **AND** my child's assigned stop does not fit the criteria.

YES ☐

NO ☐

Today's Date: _____

Student Name: _____

Grade: _____

School: _____

Bus Route# _____

Requested Change for: AM route only ☐

PM route only ☐

AM & PM route ☐

Assigned Stop: _____ Requested Stop: _____

Reason for the requested change: _____

Parent/Guardian Name: _____

Home Phone: _____

Cell Phone: _____

Email address (required): _____

Mail Completed form to: MCCSD Transportation
25 N. Bicycle Path
Selden, NY 11784

OR Email to: LMYERS@MCCSD.NET

Responses will be sent to the email address provided above. If no email address is provided, the response will be sent by mail via US Postal Service.

For Office Use Only

Approved ☐

Denied ☐

Date _____

The mission of the MCCSD is to empower and inspire all students to apply the knowledge, skills, and attitudes necessary to be creative problem solvers, to achieve personal success, and to contribute responsibly in a diverse and dynamic world.