



Transportation Change Request

Date: _____

Student Name: _____ Student Id _____

School: _____

Parent/Guardian Name: _____

Phone: _____ Email: _____

Requests:

- No Bus Assigned
- Update Student Address or School

Old Address: _____

New Address: _____

- Request to Change Bus stop

Current Bus stop: _____

Requested Bus stop: _____

Please be advised that stop changes are not guaranteed and accommodated wherever possible.

If eligible, a new bus assignment will be updated 24 hrs automatically after the new address is updated in Genesis.

Please fill out form and return via email to smaurice@montclair.k12.nj.us or cmattison@montclair.k12.nj.us

If you have any questions, please contact the transportation department via email: smaurice@montclair.k12.nj.us or cmattison@montclair.k12.nj.us