School Bus Stop Review Request Form

Please complete a separate form for each stop location to be reviewed. Do not return this form to your child’s school. All forms must be returned to the Transportation Department and must be received by the last business day in September, or within 30 days of establishing school district residency, to be considered for review. (PLEASE PRINT)

Parent/Guardian ___________________________ Last First Date Submitted ________________
Home Address ____________________________________________________________
________________________________________________________________________
Day Phone ___________________________ Night Phone ________________________

Student’s Information:

Name ___________________________ Grade ___________ School ____________
 Last First
Name ___________________________ Grade ___________ School ____________
 Last First
Name ___________________________ Grade ___________ School ____________
 Last First

Current Stop Location for Review ____________________________________________

Why do you think the stop is unsafe? _________________________________________
________________________________________________________________________

Where do you think a safer stop would be? _________________________________
________________________________________________________________________

Why do you think this is a safer location? ____________________________________
________________________________________________________________________

Parent/Guardian Signature ___________________________________________ Date __________

The Transportation Department will review this request and will respond within 30 calendar days.

__________________________________________________________
TO BE COMPLETED BY TRANSPORTATION DEPARTMENT

Date Received _______________ Received by _________________________________________

Initial Review Decision: Approval _______ Disapproval _______ Date of Notification ________________

Date of Notification mailing __________________ If approved, effective date of change ________________