



BUS STOP EVALUATION REQUEST

This form is to be used if you are requesting the Transportation Department to review concerns regarding your student's current assigned bus stop.

Student(s) Name		School	Grade	Date
Home Address	City	Zip Code	Home Phone	
Current Stop & Bus Number				
Reason for Request				
Parent Name		Email Address		Phone

Guidelines for establishing bus stops include, but are not limited to, the following

1. It is the parent's responsibility to provide for their student's safety to, from, and while at the bus stop.
2. Students from several homes shall meet at a central point for group pick up.
3. Please understand that lack of sidewalks, lighting conditions, weather conditions, stop not being visible from home and/ or the bus traveling past the house do not warrant a stop evaluation.

Requests will be responded to in writing within 30 days. However, at the beginning of the school year, requests will not be considered until at least 4 weeks after the start of school.

FOR TRANSPORTATION USE ONLY		
<input type="checkbox"/> Accepted <input type="checkbox"/> Denied		
Reason if Denied	Initials	Date
Other information		