## **REQUEST FOR REVIEW-TRANSPORTATION ASSIGNMENT**

Please review the attached Bus Stop FAQ's to determine if your child is eligible for a bus stop change. Requests that are clearly addressed in the handout will not be considered. Valid requests, received prior to September 1, will be reviewed no later than the end of the second full week in September. You will be notified regarding the result of the review either by phone or in writing. Your cooperation in this process is greatly appreciated.

**Circle One** 

1.	I have read the Bus Stop FAQ's:	Υ	N	
2.	My 1-3 grader walks more than 1 block* to the bus	Y	N	
3.	, 8	Y	N	
4.		Y	N	
5.	The assigned bus stop is unsafe, (i.e. construction traffic, etc.)	Y	N	
	*a block = .10 of a mile			
lf you answered "YES"	to question 2-5, please describe change request including requested s	stop.		
(Use back of this form	if more space is needed)			
Student Name:				
Home Address:				
Name of Person Makir	ng Request:	<del></del>		
	Other Phone:			
Office Use Only:				
Request investigated b	oy:			
Date/Time:	Approved/Disapproved:			
Person making reques	t was: TELEPHONED/SENT A LETTER (circle one)			
On:	By:			

All Completed forms can be faxed to the Transportation Center at (815) 467-9484, mailed to P.O. Box 785, Minooka, IL 60447 or you can email Jill Crombie@min201.org or Jackie Hardie at jhardie@min201.org.