

Washingtonville Central School District

52 West Main Street, Washingtonville, N.Y. 10992

Transportation Office Phone 845-497-4000 Fax 845-497-4006

Bus Stop Review Request Form

(Please fill out form and mail or fax back using above address or fax number)

Date: _____

Parent/Gardian Name: _____
Last First

Home Address: _____ Day Phone _____

Parent e-mail address: _____ 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 10 calendar days.

To be completed by the Transportation Department

Date Received _____ Received by _____

Initial Review Decision: Approved _____ Disapproved _____ Date of Notification _____

Date of Notification mailing _____ If approved, effective date of change _____