

**BUTLER AREA SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
BUS STOP CHANGE REQUEST FORM**

Transportation Department Fax: 724-287-0634

Today's Date: ____/____/____

STUDENT INFORMATION

Last Name: _____ First: _____ MI: ____ Phone: (____) _____

Address: _____ City: _____ Zip _____

Age: _____ Grade: _____ School Student Attends: _____ School Year: _____

TRANSPORTATION INFORMATION

Current Bus #: _____ Current Bus Stop Location: _____ # Students at Stop: _____

Requested New Stop Location: _____

Reason for Requested Change: _____

PERSON MAKING REQUEST

Last Name: _____ First: _____ Phone: _____

(____) _____

Address: _____ City: _____ Zip: _____

Relationship to Student: _____

CONTRACTOR USE ONLY

Present Stop Location

Requested Stop Location

Walking Distance To: _____

Sight Distance To: _____

Turnaround Involved Yes No

Evaluated:

Date: ____/____/____ Time: _____ By: _____

Checked location of current surrounding bus stops

Request is along current route

Students assigned to current stop locations

Bus would need to be re-routed

Requested stop would produce a safety concern

Requested stop for convenience only

Approved Stop Location: _____

Denied Explanation: _____

TRANSPORTATION OFFICE USE ONLY

Request Rec'd: ____/____/____ Faxed to Contractor: ____/____/____ Response Rec'd: ____/____/____

Denied Approved Letter Mailed: ____/____/____ Effective Date ____/____/____