

**5502 Request for Bus Stop Designation Form**

**PLATTSMOUTH COMMUNITY SCHOOLS  
REQUEST FOR BUS SERVICES**

I (We) \_\_\_\_\_, hereby request that Plattsouth Community Schools allow bus service to be provided for the \_\_\_\_\_ semester of the \_\_\_\_\_ school year. The bus service we are requesting is as follows:

A) Allow my (our) child(ren) to use the following regular bus stop, which is not our residence: \_\_\_\_\_.

or

B) Extend bus service to the following location, and provide my (our) child(ren) bus service at this location: \_\_\_\_\_.

Names (s) of child(ren):

\_\_\_\_\_  
\_\_\_\_\_

Criteria for providing bus service shall be as follows:

- 1) The stop location must be along a current bus route. *Note:* A person may submit a “Request for Bus Stop Designation” form, even if the requested stop is not currently on an existing bus route. These requests will be take into consideration prior to the start of each school year, when new bus routes are being developed.
- 2) The extension of service must not cause the bus route time to exceed sixty (60) minutes.
- 2) The extension of service must not cause the bus to exceed its desirable maximum capacity. The maximum desirable capacity is 80% of bus capacity as stated by the manufacturer.

By signing this request I (We), \_\_\_\_\_ understand and agree that pickup and drop off times and places are approximates, subject to change, and subject to roads being passable, etc. The district makes no guarantee of providing transportation services on any given day, at given time or place.

Parent(s) /Guardian(s) signature(s): \_\_\_\_\_

Date: \_\_\_\_\_

District’s Response to Request  
\_\_\_\_\_ Request approved.  
\_\_\_\_\_ Request not approved.

Comments: \_\_\_\_\_  
\_\_\_\_\_

District officer: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewed: Apr. 8, 2013, Apr. 14, 2014, Apr. 13, 2015, Apr. 11, 2016, Apr. 10, 2017, Apr. 9, 2018, June 10, 2019, August 10, 2020, May 10, 2021, May 9, 2022, May 8, 2023

