

CECIL COUNTY PUBLIC SCHOOLS  
Transportation Department  
900 North East Rd.  
North East, Maryland 21901  
410-287-4656 | 410-287-4659 (fax) | transportationoffice@ccps.org

School Bus Stop Review Request Form

Please complete a separate form for each stop location to be reviewed. Do not return this form to your child's school. All forms must be returned to the Transportation Department.

***Please review the Bus Stop Guidelines before completing this form.***

Parent/Guardian Name \_\_\_\_\_ Date Submitted \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Student's Information

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Last First

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Last First

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Last First

Current Stop Location for Review \_\_\_\_\_ Current Bus Number \_\_\_\_\_

Why do you think the stop needs to be reviewed? \_\_\_\_\_

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

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The Transportation Department will review this request and will respond within 30 calendar days.

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**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 \_\_\_\_\_