



Manhasset Public Schools

Transportation Office
516-267-7777

Transportation@manhassetsschools.org

Bus Stop Review Form

Dear Parent,

It is the goal of the Manhasset School District to provide safe, economical transportation to all students eligible for transportation services. Students are assigned to cluster bus stops where they may embark and disembark the buses, and await the arrival of buses, safely. All bus stops are located within a reasonable distance from the homes of the students who are assigned to them. Bus routes are reviewed annually, and bus stops remain substantially the same from year to year.

Parents are responsible for getting their child to and from the designated bus stop safely and on time. It is not possible for the district to provide a protected corridor between a student's home and bus stop.

The District recognizes there are times when safety concerns necessitate a review of a bus stop location. If you believe a review of your child's bus stop location is necessary for safety reasons only, please complete this form and return it to the Transportation Office by fax, 516-267-7776, or email Transportation@manhassetsschools.org. Please note, bus stop changes are considered, **for safety reasons only**, beginning on or after October 1st. Emergency requests for a bus stop review prior to October 1st should be faxed to the Deputy Superintendent for Business and Operations, 627-1618. Please do not call the Transportation Office to request a stop review.

Before submitting your request, please be advised requests for individual house stops or requests based on the following circumstances cannot be approved:

- The bus drives past your house anyway
- Your child is the only child who regularly uses that bus stop
- You cannot see the bus stop from your house
- You have a younger child at home who cannot be left alone
- Other personal challenges facing individual parents

Student Name: _____ Grade: _____ School: _____

AM Route # _____ PM Route # _____ Current Bus Stop: _____

Requested Stop: _____

Safety Reason for Request: _____

OFFICE USE ONLY:

Approved _____ Effective: ____ / ____ / ____ Notification: Parent _____ HC _____ School _____

Denied _____ Reason: _____ Initials: _____