

# REQUEST FOR BUS STOP REVIEW/CHANGE



Please print all information and submit to: Ladue Schools Transportation Department  
9703 Conway Road, Saint Louis, MO 63124  
Fax: 314-993-9822 Email: businfo@ladueschools.net

Date: \_\_\_\_\_ Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

School:  Conway  Old Bonhomme  Reed  Spoede  Fifth Grade Center  
 Ladue Middle School  Ladue Horton Watkins High School

Transportation Address: \_\_\_\_\_

Name of Parent/Guardian: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Current Stop Location: \_\_\_\_\_

Location of Safety Hazard (*name of street or road*):  
\_\_\_\_\_

Describe the Safety Hazard/Concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Desired Outcome: \_\_\_\_\_

**PLEASE ATTACH A SKETCH OR DIAGRAM OF THE LOCATION IN QUESTION, IF NECESSARY.**

Parent/Guardian,

I hereby certify that the information provided in this request is correct to the best of my knowledge.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

Note: If approved, please allow up to 5 days from the date of approval for implementation.

The request has been: <input type="checkbox"/> Approved <input type="checkbox"/> Denied	
Comments: _____ _____	
_____ Signature of Transportation Coordinator	_____ Date