Churchville-Chili Central School District

Where learning leads to a lifetime of opportunities

Transportation Department
3461 Westside Drive, Churchville, NY 14428
cctransportation@cccsd.org

Todd Shero, Director
P. 585-293-4544
F. 585-293-4514

School Bus Stop Review Request Form

Log No._____

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 allow up to two weeks for review.

Parent/Guardian Name _____ Date Submitted _____
Last First

Home Address _____ Day Phone _____

_____ Alternate Phone _____

Student Information:

Name _____ Grade _____ School _____
Last First

Name _____ Grade _____ School _____
Last First

Name _____ Grade _____ School _____
Last First

Current Stop Location for Review _____

Why do you feel the stop is unsafe? _____

_____

Where do you feel a safer stop should be? _____

Why do you think this is safer? _____

Parent/Guardian Signature _____ **Date** _____

OFFICE USE ONLY

Date Received _____ Received by _____

Initial Review Decision: Approved ☐ Disapproved ☐

Date of Notification _____If approved, effective date of change _____

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