

OFFICE USE ONLY

Admin:		Log In:	
Approved	☐	Denied	☐
Parent	☐	School	☐
Contractor	☐	Transfinder	☐
Recorded	☐		
Bus #			
P/U Time		D/O Time	

Bus Stop Request Form

CARROLL COUNTY PUBLIC SCHOOLS
Transportation Services Department

125 N. Court Street
Westminster, MD 21157
Telephone: 410-751-3229



If filling out electronically,
please rename the file using the
Requested Stop Location and
save your file prior to emailing.

If mailing USPS, please use blue
or black ink - do not use pencil.

Parent/Guardian Name: _____

Address: Street: _____

City: _____ Zip: _____

Day-time Phone #: _____ E-mail address: _____

School Name(s): _____ Grade(s): _____

Student Name(s): _____ Age(s): _____

Current Stop Location: _____ Bus(s) #: _____

Requested Stop Location: _____ Bus(s) #: _____

School Year For Which This Stop is Requested: _____ Date submitted: _____

PLEASE READ THE INFORMATION BELOW BEFORE COMPLETING THIS FORM

The purpose of this questionnaire is to give parents an opportunity to share concerns related to their children's safety at the bus stop and to provide information about Board of Education policies and procedures. Thank you for your time and input. Surveys will be reviewed in the order received and, depending on volume, may take up to **45 days** to process.

To reduce traffic disruption and minimize route times, bus stops are generally placed at least one-quarter mile apart, where feasible (Board of Education policy EEC; M.S.D.E., COMAR 13A.06.07.14, v.2023).

Parents or guardians are responsible for supervising their children while walking to and from the bus stop, waiting at the bus stop, or walking to and from school if they live in a designated non-transported area (Board of Education policies EEA, EEAC).

Students shall be expected to walk up to one mile to reach their bus stop, the same distance required of students in non-transported areas. If a student lives one-half mile or more from an existing stop, a closer stop may be considered if it can be added without requiring the bus to back up to turn around (Board of Education policy EEAC).

The Transportation Services Department may conduct an on-site visit to evaluate each written request in the order received. When reviewing requests to extend a route, change a stop location, or add a new stop, staff will consider safety, routing efficiency, economy of operations, and equity of service.

In order to have your request reviewed, the entire questionnaire must be completed and returned to The Transportation Services Department of Carroll County Public Schools via postal mail or email (see website for email link).

Thank you for your continued support and supervision of your children in the overall goal of safety.

QUESTIONNAIRE

1. What are the walking/standing conditions, such as road, shoulder, grass or sidewalk, that the student utilizes?
2. What is the posted speed along the road(s) that the student walks? _____ m.p.h.
3. What is the posted speed along the road that is traveled by the bus? _____ m.p.h.
4. What is the number and type of vehicles that pass the stop five minutes before and five minutes after the stop? _____ a.m. _____ p.m.
5. What traffic control devices exist, such as stop signs, warning signs, traffic lights, crosswalks, etc.?
6. What is the number of feet your child walks to the nearest bus stop? _____ feet
7. What would be the distance between the designated stop and the stop you are requesting? _____ feet
8. Is the road a state ☐ road or a county ☐ road? If state road, please give route number. _____
9. What are the nearest intersecting roads to your residence? _____
10. How far can traffic see a stopped school bus in each direction from the present bus stop?
_____ feet _____ feet
11. How far can traffic see a stopped school bus in each direction of the stop you are requesting?
_____ feet _____ feet
12. What is the alignment of the road at the designated stop, such as curves, hills, flat?
13. What is the alignment of the road at your requested stop?
14. Please list the major concerns with your children's current bus stop. Please be specific. You may attach drawings or photos.
15. Please suggest any changes that you feel would improve the present stop.

Signature of parent or guardian

Date