

(School District)
BUS STOP REVIEW REQUEST

Bus Route #: _____

- Request for: New Stop Move Stop Drop Stop
 Combine Stops Hazard Light Stop (HLS)
Run time: AM Mid Day PM
Run type: HS/MS MS ELEM Kinder/Young 5 SPED
Importance: Urgent Safety Issue As time allows

Existing Bus Stop Location: (address and street name or nearest cross street)

Proposed New Bus Stop Location: (address and street name or nearest cross street)

- _____
Pupils must cross the road at the existing stop: YES NO
Pupils must cross the road at the proposed stop: YES NO
Posted speed limit at proposed stop location: _____ mph.
Can the bus pull off the roadway to the right to allow traffic to flow? YES NO
Name(s) and grade level(s) of student(s) at this stop(s):

Reason for request:

Requested By: _____ Date: _____ Phone #: _____
 Parent Driver

DO NOT WRITE BELOW THIS LINE

This request is: Approved Denied

Reason:

- Less than 200 feet to next stop Appropriate walk distance
 Less than 200 feet clear sight distance Students must cross the road
 Less than 400 feet clear sight distance Bus cannot pull off roadway

Comments:

Drivers Note: All bus stops (red light and hazard light stops [HLS]) must be performed in accordance with state laws.

Effective: _____ Notified via: Driver to notify parents Letter

By: _____ Date: _____