**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  SPED  Kinder/Young 5

*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)

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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):

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Reason for request:

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Requested By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_ Phone #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Parent  Driver

**DO NOT WRITE BELOW THIS LINE**

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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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_