

Transportation

55 Major MacDonald Way • Wappingers Falls, NY 12590 • (845) 298-5225 x44104 • Fax (845) 298-5210

**Log #: \_\_\_\_\_\_**

**School Bus Stop Review Request Form**

Submit a separate form for each bus stop to be reviewed. Return forms directly to the Transportation Department no later than the last business day in September, or within 30 days of establishing district residency.

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| **P A R E N T / G U A R D I A N I N F O R M A T I O N** | | | |
| **Last Name:** | **First Name:** | **Date:** | **Home Phone:** |
| **Street Address:**  (not a P.O. Box) | **Town:** | **Zip Code:** | **Cell Phone:** |
|  |  |  |  |

**I live in a Rural area and have a mailbox. Yes**  **No**

**I live in a Village and do NOT have a mailbox. Yes**  **No**

**My mailbox is identified by at least 3” reflective numbers on each side of mailbox. Yes  No**

**My house is identified by at least 3” reflective numbers displayed near front door. Yes**  **No**

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| --- | --- | --- | --- |
| **S T U D E N T I N F O R M A T I O N** | | | |
| **Last Name:** | **First Name:** | **Grade:** | **School:** |
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| --- |
| **B U S S T O P R E V I E W I N F O R M A T I O N** |
| **Location of present bus stop for review:** |
|  |
| **Reason(s) for safety review:** |
|  |
| **Location you feel is a safer bus stop:** |
|  |
| **Reason(s) requested bus stop is safer:** |
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| **T O B E C O M P L E T E D B Y W C S D T R A N S P O R T A T I O N D E P A R T M E N T** | | |
| **Date Received:** | **Received By:** | **Initial Review Decision: Approved**  **Disapproved** |
|  |  |  |
| **Notification Date:** | **Date Notification Mailed:** | **Effective date of approved change:** |
|  |  |  |