

Spackenkill Union Free School District Transportation Department

15 Croft Road

Poughkeepsie, NY 12603

845-463-7800 / Fax: 845-46.3-7804

REQUEST FOR SCHOOL BUS STOP REVIEW

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 Office and must be received by the last business day in September, or within 30 days of establishing school district residency, to be considered for review.

Parent/Guardian Name _____ Date Submitted _____
Last First

Home Address _____ Day Phone _____

_____ Night Phone _____

Student Information:

Name _____ Grade _____ School _____
Last First

Name _____ Grade _____ School _____
Last First

Name _____ Grade _____ School _____
Last First

Name _____ Grade _____ School _____
Last First

Current Stop location for review? _____

Why do you think the stop is unsafe? _____

Where do you think a safer stop would be? _____

Why do think this is a safer location? _____

Parent/Guardian Signature _____ Date _____

The Transportation Department will review this request and will respond within 30 calendar days.

To be completed by the Transportation Department

Date Received _____ Received by _____

Initial Review Decision: ___ Approved ___ Disapproved Date of Notification _____

Date of Notification mailing _____ If approved, effect date of change _____