

WAPPINGERS CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
55 MAJOR MAC DONALD WAY
WAPPINGERS FALLS, NY 12590
845-298-5225
FAX 845-298-5210

Log # _____

School Bus Stop Review Request Form

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 Department 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's Information

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 you 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, effective date of change _____