

WAPPINGERS

Central School District

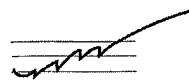
Office of Transportation

55 MAJOR MACDONALD WAY
 WAPPINGERS FALLS, NEW YORK 12590
 (845) 298-5225 x 44104
 FAX (845) 298-5210
 KIM CATALANO – SUPERVISOR



Middle States Association
of Colleges and Schools

Member



Tri-State
Consortium

Member

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.

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

S T U D E N T I N F O R M A T I O N			
Last Name:	First Name:	Grade:	School:
S T U D E N T I N F O R M A T I O N			
Last Name:	First Name:	Grade:	School:
S T U D E N T I N F O R M A T I O N			
Last Name:	First Name:	Grade:	School:

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:

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 <input type="checkbox"/> Disapproved <input type="checkbox"/>
Notification Date:	Date Notification Mailed:	Effective date of approved change: