

WARWICK VALLEY CENTRAL SCHOOL DISTRICT  
P.O. Box 595, Warwick, NY 10990  
Transportation Office Phone: 845-987-3035, Fax: 845-988-5694

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### Bus Stop Review Request Form

(Please fill out form and mail or fax back using above address or fax number.)

Date: \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

Last

First

Home Address \_\_\_\_\_ Day Phone \_\_\_\_\_

Parent e-mail address \_\_\_\_\_ 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 10 calendar days.

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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 \_\_\_\_\_