

Warwick Valley Central School District  
Transportation Office  
P.O. Box 595, Warwick, NY 10990  
Phone: 845-987-3035, Email: transportation@wvcsd.org

### Bus Stop Review Request Form

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

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

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

Last

First

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

Parent email 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? \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

The Transportation Department will review this request and will respond within 30 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 \_\_\_\_\_ Form 20 1/20/22