

Return Fax # 652-4710

**Washington County School District
Transportation Department
Request to Add or Move a Bus Stop**

*** Office Use Only ***	
Date approved	_____
Date disapproved	_____
By	_____
Entered	_____
Entered	_____

Date submitted: _____

In order to expedite processing, please fill form out completely. Be sure to print clearly and accurately. All information will be used to evaluate this bus stop to ensure compliance with state and local laws. Please allow a minimum of two (2) weeks on all changes.

PLEASE PRINT:

Requestor's Information

Name: _____

Address _____ City _____ Zip _____

Student Name _____ Student Grade _____

Phone # _____ Best time to call _____

Current Bus Stop Information

Address _____ City _____

School Bus Number _____ Bus Stop Time _____ a.m. _____ p.m.

Number of students at the current bus stop _____ School _____

To provide more information as to where the current bus stop is, please draw a map below:



Please explain the reason for the request to move the bus stop. Explain in detail all concerns. If more space is needed, use the back of this form or attach extra pages.

Evaluated by _____ Date _____