

Return Fax # 652-4710

Washington County School District  
Transportation Department  
**Request for Bus Stop Change**  
2011-2012 School Year

*** 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 \_\_\_\_\_