

Request for Bus Stop Review
(Please print all information)

Student's Name: _____ ID Number: _____

School: _____ Grade: _____

Transportation Address: _____ Home Phone: _____

City: _____ Zip: _____

Name of Parent/Guardian: _____

Work Phone: _____ Cell Phone: _____

Bus stop locations are based on the following criteria (as approved by the P-H-M Board of School Trustees):
Elementary Students: Walk to bus stop = 150 yards Cul-de-sacs = Only if over 150 yard distance w/ 105 foot turning radius and no backing up of school bus. Secondary Students: Walk to bus stop = 300 yards Cu-de-sacs = Only if over 300 yard distance w/ 105 foot turning radius and no backing up of school bus.

Location of safety hazard (name of street or road):

Describe the safety hazard/concern:

PLEASE ATTACH A SKETCH OR DIAGRAM OF THE LOCATION IN QUESTION IF NECESSARY

Parent/Guardian

I hereby certify that the information provided in this request is correct to the best of my knowledge.

Date

Signature of Parent/Guardian

Date Sent to Transportation Department

Date Rec'd by Transportation Department

The request has been Approved _____ Denied _____ Comments: _____

Date

Signature of P-H-M Director of Transportation