

**BOARD OF EDUCATION TRANSPORTATION EXCEPTION
AUTHORIZATION**

Date: _____

Name of Street: _____

Street: _____ Cul-de-sac: _____ Dead end: _____ Private Rd: _____

Location by School Zone: HS MS AR FR LV Falls Secor (Please circle one)

1. Description of Issue requiring Policy exception:

2. Remedy requested:

3. Duration of Transportation Change: Permanent Temporary (Please circle one)

4. If Temporary, duration of change: _____

Director of Transportation:

Date:

5. Board of Education: Approved Not approved

6. BOE Signatures:

_____	_____	_____
_____	_____	_____
_____	_____	_____

INDEPENDENT REVIEW COMMITTEE

Date: _____

Bus Number: _____

Pickup / Drop-off Street: _____

Cross Street at Pickup / Drop-off Street: _____

PLEASE CHECK ALL THAT APPLY

	CONDITION	AGREE	DISAGREE
1	Speeding Traffic		
2	Dangerous Curve		
3	Insufficient Line of Sight at Pickup / Drop-off Point		
4	Narrow Road		
5	No Sidewalks		
6	Isolated Pickup / Drop-off Point		
7	Hill		
8	Insufficient Waiting Area at Pickup / Drop-off Point		
9	Insufficient Lighting at Pickup / Drop-off Point		
10	Excessive Number of Students at Pickup Drop-off Point		

Recommendation:

Do not change

Change as described below:
