

**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**

	<b>CONDITION</b>	<b>AGREE</b>	<b>DISAGREE</b>
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:

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