

# **SAFETY AND HEALTH EXCEPTION APPEAL CRITERIA**

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Bus Number: \_\_\_\_\_ School: HS MS AR FR LV Falls Secor (Please circle)

Grade: \_\_\_\_\_

Pickup / Drop-off Street: \_\_\_\_\_

Cross Street at Pickup / Drop-off Street: \_\_\_\_\_

### **PLEASE CIRCLE ALL THAT APPLY**

Bus Route:                                  Pickup                  Drop-off                  Both

**DESCRIBE THE REASON FOR THE CHANGE:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Road Conditions:**

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

**Other:**

1. \_\_\_\_\_ Number of Students at Pickup / Drop-off Point