

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