

KATONAH-LEWISBORO SCHOOL DISTRICT
Office of the Transportation Supervisor
Cross River, NY 10518

914 763-7231
Fax 914 763-5846

School Bus Stop Review Request Form

Please complete a separate form for each stop location to be reviewed. Do not return this form to your child's school. All forms must be returned to the Transportation department and must be received by the last business day in September, or within 30 days of establishing school district residency, to be considered for review.

Parent/Guardian Name _____ Date Submitted _____

Home Address _____ Daytime Phone _____

Student's Information

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Name _____ Grade _____ School _____

Current Stop Location for Review _____

Why do you think the stop is unsafe? _____

Where do you think a safer stop would be? _____

Why do you think this is a safer location? _____

Parent/Guardian Signature _____ Date _____

The Transportation Department will review this request and will respond within 30 calendar days.

To be completed by Transportation Department

Date Received _____ Received By _____

Initial Review Decision: Approved _____ Disapproved _____ Date of Notification _____

Date of Notification Mailing _____ If approved, effective date of change _____