



Transportation Department | Bus Stop Review Committee  
4 Spartan Way | Rochester, New York 14624

Phone: (585) 247-4774 | Fax: (585) 340-5596 | Email: [BusInformation@gateschili.org](mailto:BusInformation@gateschili.org)

### School Bus Stop Safety 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. To be considered for review, 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.

Parent/Guardian Name \_\_\_\_\_ Date Submitted \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Day Phone \_\_\_\_\_  
Night Phone \_\_\_\_\_

Student Information:

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Last First

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Last First

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Last First

Bus # for AM \_\_\_\_\_ Bus # for PM \_\_\_\_\_

Current Stop Location for Review \_\_\_\_\_

Why do you think the stop is unsafe? \_\_\_\_\_  
\_\_\_\_\_

Where do you think a safer stop should 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 10 business days.**

**FOR OFFICE USE ONLY**

Date Received \_\_\_\_\_ Received by \_\_\_\_\_

Initial Review Decision: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date of notification \_\_\_\_\_

Date of Notification mailing \_\_\_\_\_ If approved, effective date of change \_\_\_\_\_