



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

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 _____