

RSU #16

TRANSPORTATION DEPARTMENT
998-2738

BUS STOP CHANGE REQUEST

Complete the Bus Stop Change Request only after reviewing the Bus Stop Procedures & Routing Criteria and determining that your situation may require special consideration. The criteria are applied to all riders regardless.

I have read through the Bus Stop and Routing Criteria AND my child's stop does not fit the criteria.

_____ YES _____ NO

Requests will NOT be processed during the first 3 weeks of school.

Parent/Guardian Name _____ Date _____

Address _____

Day Phone Number _____ Evening Phone Number _____

Cell Phone Number _____ E-mail _____

I prefer to be contacted by: _____ Phone _____ email _____

Student Name _____ Grade _____ School _____

Bus # _____ AM Route Only _____ PM Route Only _____ Both AM & PM _____

Present Bus Stop Description _____

Requested Bus Stop Description _____

(include intersection/cross streets, house number, house street, etc.)

Reason for

Request: _____

Mail to: RSU 16 – Transportation Department

3 Aggregate Rd

Poland, ME. 04274

Fax to: 998-2795

For Office Use Only

Bus Stop Change Request Checklist

- | | |
|---|-------|
| 1. Complies with Board Policy (a) Hazard Area | Y / N |
| 2. Complies with Board Policy (b) Distance | Y / N |
| 3. Age (grade of Student) | |
| 4. Heavy Traffic Pattern | Y / N |

Approved

Denied

Notified by _____ Date _____ Time _____