



Tonawanda City School District Bus Stop Change Request Form 2018-2019



Please complete this form only after reviewing our Bus Stop and Routing Criteria and determining that your situation may require Special Consideration.

Return Bus Stop Change Request to:

Tonawanda City School District
Crystal M. Kipa
100 Hinds Street
Tonawanda, NY 14150
Phone: (716) 694-7690/x1000
Fax: (716) 694-9467

When making your request, please keep in mind:

- Bus Stop & Routing Criteria applies to all riders.
- Buses will not travel into cul-de-sacs, private roads (i.e. apartment complexes and home associations), dead-end streets or other areas where they cannot safely maneuver. An exception to this may be a bus that is transporting students with disabilities. All students, regardless of age or grade who reside in these areas will need to walk to the assigned bus stop regardless of distance.
- Buses drive by many students' homes every day. The bus driving by doesn't warrant adding/changing a bus stop.
- Visibility from the home to the bus stop is not part of our criteria for establishing bus stops. Bus stops are collection points in neighborhoods. If a parent/guardian is concerned about watching their child at the stop they will need to walk with them and supervise them at the bus stop.
- Likewise, a house stop would not necessarily be made because there is only one student at the stop. Other students may be assigned to the stop, but ride infrequently. Also, stops are made at corners for efficiency and to accommodate other students who may move into the neighborhood.
- In order to be consistent and fair in placement of bus stops, we cannot establish stops based on personal circumstances such as employment, day care or siblings.
- Bus drivers do not have the legal authority to make bus stop changes, doing so may result in disciplinary action.

Your Name _____ **Date** _____

Your Address _____

Phone (daytime) _____

Student's Name _____ **Grade** _____

School _____ **Bus #** _____

Currently Assigned Bus Stop Location _____

Requested Bus Stop Location _____

Reason for your change request: _____

No stop changes will be made or reviewed until after the first two weeks of school.

NOTE: Your request will be reviewed and a site visit may be made to confirm the information contained in this request. You will be contacted after a determination has been made. No changes will go into effect until you and everyone else at your bus stop have been notified.

Transportation Use Only

Date Received _____

Date Completed _____

Stop Change Decision: _____

If Denied, Reasoning: _____