

SOUTH ORANGETOWN CENTRAL SCHOOL DISTRICT
DEPARTMENT OF TRANSPORTATION
623 WESTERN HIGHWAY
BLAUVELT, NEW YORK 10913

BUS STOP SAFETY EVALUATION REQUEST

Dear Parent or Guardian,

Prior to completing this form, please review what constitutes a safe stop per New York Regulations: http://www.p12.nysed.gov/schoolbus/Parents/htm/school_bus_stops.html. You can also review our Pupil Transportation Handbook from the Transportation page: <http://www.socsd.org/transportation/>. Please remember the District utilizes centralized bus stops that have been in existence for several years, so unless something has changed these stops have been considered safe.

If you still feel that we need to evaluate your bus stop, please complete this form and submit the form via email. The transportation department will acknowledge receipt of the request and will respond with a decision via email generally within 2 weeks. Please email this completed form to Transportation@socsd.org.

School Name: _____

Bus/ Route # _____ **Bus Stop:** _____

Student's Name: _____
Last First

Student's Address: _____
House # Street Name City State Zip Code

Reason for Evaluation: _____

Signature of Parent/Guardian **Phone Number** **Date**

Email

FOR OFFICE USE ONLY

Form Received By: Date

Final Determination By (init) Date

Parent/Guardian contacted and advised of final determination by: Date