# Request to Create/Move School Bus Stops

<table>
<thead>
<tr>
<th>Applicant’s Name:</th>
<th>Tel:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Civic #:</td>
<td>Street:</td>
</tr>
<tr>
<td>Town:</td>
<td>Postal Code:</td>
</tr>
<tr>
<td>Student’s Name:</td>
<td>Grade:</td>
</tr>
<tr>
<td>School:</td>
<td>Bus # <em>(if known)</em>:</td>
</tr>
</tbody>
</table>

Stop Location Requested (civic #):  
Civic Address of Nearest Stop:  

Explanation of why a new stop is needed or existing stop should be re-located.  
*(Please select one and provide a detailed explanation below.)*

- [ ] Specific Safety Concern:  
- [ ] Distance to Nearest Stop:  
- [ ] Special Needs Affecting Mobility:  
- [ ] Other:  

Signature of Applicant [ ] Date  

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This section is to be completed by Transportation Personnel only.  

Transportation Analyst’s Comments:  

Action Taken:  
- [ ] Denied:  
- [ ] Approved:  
Effective Date:  

Driver Notification:  

Parent/Guardian Notification:  

SSD:  
- [ ] 3 in 1.6 kms:  
- [ ] 300 M:  

Requested Review Committee:  

Policy 310: Student Transportation  