# BUS STOP CHANGE REQUEST

**Request for:**
- [ ] New Stop
- [ ] Move Stop
- [ ] Drop Stop
- [ ] Combine Stops
- [ ] Hazard Light Stop (HLS)

**Run time:**
- [ ] AM
- [ ] Mid Day
- [ ] PM

**Run type:**
- [ ] HS/MS
- [ ] MS
- [ ] ELEM
- [ ] Kinder/Young 5
- [ ] SPED

**Importance:**
- [ ] Urgent Safety Issue
- [ ] As time allows

**Existing** Bus Stop Location: (address and street name or nearest cross street)

**Proposed** New Bus Stop Location: (address and street name or nearest cross street)

Pupils must cross the road at the existing stop: [ ] YES [ ] NO
Pupils must cross the road at the proposed stop: [ ] YES [ ] NO
Posted speed limit at proposed stop location: ________ mph.
Can the bus pull off the roadway to the right to allow traffic to flow? [ ] YES [ ] NO
Name(s) and grade level(s) of student(s) at this stop(s):


Reason for request:


Requested By: _____________________  Date: _______  Phone #: _______________
- [ ] Parent  - [ ] Driver

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**FOR TRANSPORTATION USE ONLY DO NOT WRITE BELOW THIS LINE**

This request is: [ ] Approved  [ ] Denied

Reason:
- [ ] Less than 200 feet to next stop
- [ ] Less than 200 feet clear sight distance
- [ ] Less than 400 feet clear sight distance

[ ] Appropriate walk distance
[ ] Students must cross the road
[ ] Bus cannot pull off roadway

Comments:

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*Drivers Note: All bus stops (red light and hazard light stops [HLS]) must be performed in accordance with state laws.*

Effective: _______________   Notified via: [ ] Driver to notify parents  [ ] Letter

By: _____________________________ Date: _______________