FOR YOUR DEPARTMENT OF THE PARTMENT OF THE PAR

SPENCERPORT CENTRAL SCHOOL DISTRICT

Office of the Transportation Department 2678 Nichols Street - Spencerport, NY 14559

Julie Churnetski

Director of Transportation

Phone: (585) 349-5180 Fax: (585) 349-5018

Bus Stop Review Request

This request will be reviewed and considered according to Spencerport Board of Education policy #5720. During September, we receive a high volume of requests to audit routes and change bus stops. Please use the bus stop assigned to you on your original bus stop notification until such time a review and decision can be made. A decision may take up to ten (10) business days from receipt of this request.

DIRECTIONS

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- 1. Complete this form in its entirety.
- 2. Provide an explanation for the change request in the space provided. You may attach an additional sheet or use back page.
- 3. Return this request to the Spencerport Transportation Department at the address listed above or you may fax a copy to 585-349-5018.

Student's school of attendan	ce	Gra	deBus‡	t
Student Name				
Student Address				
Current Bus Stop				
Requester's Name				
Relationship to Student				
Description of reason for cha	nge request			
Requestor's Signature		Dat	e	
	TRANSPORTATIO			
Request Determination	APPROVED	DENIED		
Requester notified by:	Phone	Letter	Date notifie	d
If Approved:	New schedule sent	nedule <u>sent</u> Notified by phone		
Official Signature	Title		Date	

Our Mission is to educate and inspire each student to love learning, pursue excellence and use knowledge, skills and attitudes to contribute respectfully and confidently to an ever-changing global community.