

QUALITY BUS SERVICE, LLC.
504 ROUTE 42, PO BOX 600
SPARROWBUSH, NY 12780
845-858-2150
FAX 845-858-2160

Log # _____

School Bus Stop Review Request Form

Please complete a separate form for each stop location to be reviewed. Do not return this form to your child's school. All forms must be returned to Quality Bus Service and must be received by the last business day in September, or within 30 days of establishing school district residency, to be considered for review.

Parent/Guardian Name _____ Date Submitted _____
Last First

Home Address _____ Day Phone _____

_____ Night Phone _____

Student's Information

Name _____ Grade _____ School _____
Last First

Name _____ Grade _____ School _____
Last First

Name _____ Grade _____ School _____
Last First

Current Stop Location for Review: _____

Why do you think the stop is unsafe? _____

Where do you think a safer stop would be? _____

Why do you think this is a safer location? _____

Parent/Guardian Signature _____ Date _____

Quality Bus Service and the Port Jervis School District will review this request and will respond within 10 calendar days.

To be completed by Quality Bus Service, LLC.

Date Received _____ Received by _____

Initial Review Decision: Approved _____ Disapproved _____ Date of Notification _____

Date of Notification mailing _____ If approved, effective date of change _____