



Robbinsville Public Schools

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BUS STOP EVALUATION FORM

This form must be filled out completely and forwarded to the Transportation Department for approval. Only requests for Safety Concerns will be evaluated.

Date: _____

Student Name: _____ Grade: _____

Home Address: _____

Home Phone: _____ Work/Cell: _____

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CURRENT STOP LOCATION

Stop Location: _____

Number of students (including your child) at stop: _____

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REQUESTED STOP LOCATION

Requested stop location: _____

Number of students (including your child) to be affected by the “new” stop: _____

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PLEASE GIVE A BRIEF DESCRIPTION OF THE SAFETY CONCERN REGARDING CURRENT STOP

Requestor's signature: _____

Approved: _____ Effective Date: _____ Disapproved: _____

Reason for disapproval: _____

Transportation Supervisor Signature: _____