Return Fax # 652-4710

Washington County School District
Transportation Department
Request to Add or Move a Bus Stop

Date submitted: _____

In order to expedite processing, please fill form out completely. Be sure to print clearly and accurately.
All information will be used to evaluate this bus stop to ensure compliance with state and local laws.
Please allow a minimum of two (2) weeks on all changes.

PLEASE PRINT:
Requestor's Information

Name: _____

Address_____ City_____ Zip_____

Student Name_____ Student Grade_____

Phone #_____ Best time to call_____

Current Bus Stop Information

Address_____ City_____

School Bus Number_____ Bus Stop Time_____ a.m. _____ p.m.

Number of students at the current bus stop_____ School_____

To provide more information as to where the current bus stop is, please draw a map below:

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        N
    W  +  E
        S
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Please explain the reason for the request to move the bus stop. Explain in detail all concerns. If more space is needed, use the back of this form or attach extra pages.

Evaluated by_____ Date_____

WCSD Form 603   Revised 07/2016