

## School Bus Stop Request

Please email completed form to [Transportation.Coordinator@sd8.bc.ca](mailto:Transportation.Coordinator@sd8.bc.ca) or fax to 250-354-4255

Name: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Date of Request: \_\_\_\_\_

Requested Stop Location: \_\_\_\_\_

Reason for request: \_\_\_\_\_

Diagram of Stop Location:

Office Use Only:

Visibility: Good \_\_\_\_\_ Poor \_\_\_\_\_ Comments: \_\_\_\_\_

Shoulders: Good \_\_\_\_\_ Poor \_\_\_\_\_ Comments: \_\_\_\_\_

Distance to nearest stop/school: \_\_\_\_\_ Km. Time Added: \_\_\_\_\_ minutes.

Other comments: \_\_\_\_\_

Request Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Denied - Reason: \_\_\_\_\_

Referred to Committee: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Approved: \_\_\_\_\_ Date: \_\_\_\_\_

Committee Denied: \_\_\_\_\_ Date: \_\_\_\_\_