

**BUS STOP APPEAL FORM**

**REQUEST FOR CHANGE IN STUDENT TRANSPORTATION**

Bus stop appeals are made by parents in cases in which the assigned stop poses a safety hazard for the student. These are typically situations such as limited sight distance for drivers approaching the students, bus stops on a hill or curve, etc. Bus stops are assigned with several criteria in mind:

1. Bus stops are almost always at a street corner. These are safer and more accessible to a number of students than a mid-block bus stop. There are no home stops except for special needs students or extreme safety concerns in designated areas.
2. The bus stop, by Ohio law, must be within ½ mile of the student’s residence.
3. The presence or absence of sidewalks or street lights is not a factor in determining bus stops.
4. Buses are unable to easily enter dead-end streets or cul-de-sacs, which creates safety hazards. Limited exceptions may be made when the student lives more than ½ mile from the nearest through street or when the student is unable to get to the bus stop due to physical disability.
5. Bus stops are assigned where possible to group students together. This provides a gathering place for students and also allows parents to share the responsibility of monitoring the bus stop if they choose.
6. Appeals will be recorded and processed as soon as possible and a letter will be sent home with the approval or denial. Each bus stop being appealed is visited by the Transportation Supervisor, so the process may take up to 30 days. The last day to file an appeal will be ten (10) business days after the routes have been established.

Please remember that Ohio law requires that parents are responsible for their children until they enter the bus. Due to the large number of students who ride Springboro buses, we are unable to make bus stop changes to relieve parents of that responsibility. This means, unfortunately, that we cannot grant appeals simply to allow the parent to monitor the bus stop from their home.

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_  
 School \_\_\_\_\_ Parent’s Name \_\_\_\_\_  
 Address \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Home Phone # \_\_\_\_\_ Work Phone \_\_\_\_\_  
 Current Location of Bus Stop \_\_\_\_\_  
 Requested Change of Location \_\_\_\_\_  
 Reason for Request: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OFFICE USE ONLY**

Date Received \_\_\_\_\_ Reviewed Date/By \_\_\_\_\_

Current bus stop will remain the same:  Yes  No Reason: \_\_\_\_\_  
 \_\_\_\_\_

Bus stop will be changed to \_\_\_\_\_ Effective \_\_\_\_\_  
 Date Parent Contacted \_\_\_\_\_ By \_\_\_\_\_

Administrator \_\_\_\_\_ Date \_\_\_\_\_