

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.

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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 \_\_\_\_\_