Marlboro CSD 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 ____________

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 Marlboro Central School District will review this request and will respond within 10 calendar days.

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 ____________