

## REQUEST FOR STOP REVIEW FORM

**As the parent/guardian, I understand that (check boxes below):**

- It is my responsibility to ensure the safety of my child at his/her bus stop
- It is my responsibility to walk with young students to and from bus stops
- Only JK students are entitled to door to door transportation
- There is no obligation to modify a bus stop for reasons of walk to stop distances as long as those distances are in compliance with AHSTS policies

**If these are not the reasons for the stop review request, please complete the information below and submit to your school who will forward it to AHSTS. Consortium staff will review your request and contact you within 10 business days with our response.**

<b>Student name (last / first)</b>	
<b>School</b>	
<b>Grade</b>	
<b>Parent / guardian name</b>	
<b>Parent / guardian phone #</b>	
<b>Parent / guardian email</b>	
<b>Stop to be reviewed - AM</b>	
<b>Stop to be reviewed - PM</b>	
<b>Reason for request</b>	
<b>Date:</b>	<b>Signature:</b>

