FOR DAYCARE REQUESTS, PLEASE USE THE SPECIAL TRANSPORTATION REQUEST

BCSD TRANSPORTATION

BUS STOP CHANGE REQUEST FORM

***PLEASE READ BELOW BEFORE COMPLETING FORM***

The Bethlehem Central School District recognizes that at times there are safety concerns that may require a bus stop location to be reviewed. If you feel that there is a safety concern that must be addressed regarding your child’s bus stop, please complete this form and return it to the BCSD Student Transportation Department by e-mail at transportation@bethlehemschools.org. Please allow 10-20 business days for a response.

The Bethlehem Central School District provides transportation for all students living within the boundaries of the district. Each bus transports students to multiple schools, limiting the time the bus has available for each individual school. To most efficiently route all students to and from school on time, bus stops are created to serve the majority of students located in a particular geographic area. As per Board of Education policy, bus stops may be located up to 1/10 mile from home for students in grades K-5, ½ of a mile from home for children in grades 6-8, and 1 mile from home for children in grades 9-12, and Late bus stops may be established farther from home due to the reduced number of buses available for this additional service.

While all requests will be reviewed and investigated, NYS Education Law states that changes may not be based upon the “personal challenges facing individual parents.” Stops cannot be changed for these reasons.

DATE: _______________ SCHOOL(S): ____________________________ GRADES(S): __________

NAME OF PARENT: ________________________ PHONE: _______________ EMAIL: ________________________

NAMES(S) OF STUDENTS(S): ____________________________

ADDRESS: ____________________________________________

CURRENT STOP LOCATION: __________________________ CURRENT ROUTE NUMBER: __________

REQUESTED STOP LOCATION: ____________________________________________

REASON FOR REQUEST:
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

OFFICE USE ONLY
Notified Parent (please circle): Spoke with Parent / Left Message / E-mail / Sent Letter Date Notified: __________

Approved _________ Denied _________ Date Change is Effective: ________________ Initials: ________________

Notes: __________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Revised 2/23/2022