



STOP CHANGE REQUEST FORM

PURPOSE:

This document is for parents/guardians who would like to request a change in their child's bus stop for safety reasons. Parents/guardians are responsible for their child's safety to and from bus stops.

The Blue Springs School District transports thousands of students every day. Our route determinations are based on bus capacity and considerations for student safety, route efficiency and to maximize the transportation of students to and from school. Due to Missouri Department of Elementary and Secondary Education (DESE) regulations for stop placement, all stops have a minimum of 500ft in between in order to meet state guidelines for traffic impediment.

We expect some parents will have concerns about their student's stop. There are many reasons a parent/guardian may want their stop changed. Some reasons the district ***will not*** accommodate a stop change are as follows:

- The current stop is less than 500ft from my home – can we just move it to our home.
- The bus already drives right by our home.
- Parent work schedules.
- I can't see the stop from my house.
- Lack of pavement / sidewalks.
- Issues monitoring other children especially non-school age.
- The bus has to stop at this stop sign anyway, can we just make the stop at the sign?

Please mail /email the completed and signed form to:

Mailing Address	Email Contact
Attn: Routing Blue Springs School District Transportation Office 200 SE U.S. 40 Hwy Blue Springs, MO 64014	Kellie Townsend ktownsend@bssd.net



REQUESTER FORM

Requests will be reviewed once weekly, except during the first 15 school days of the school year.

Requesters Information			
Parent or Guardian Name:			
Address:			
Phone (<i>Home or Cell</i>):			
Parent or Guardian Email:			
Student Information			
Last Name:		First Name:	
Phone (Home or cell):		Email:	
Student ID#:		School:	
Current Bus#:		Current Stop Location:	
Required information – please mark YES, NO, N/A			
	YES	NO	N/A
Does the direct path to the current stop require crossing 3 lanes or more of traffic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are there other students being picked up at the student’s current stop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are the posted speed limits along the current direct walk path to the stop greater than 45mph on a main road and 35mph on a side street?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is there enough space off of the current roadway to allow for 4ft of distance between the main road and the walking path (not necessarily a sidewalk)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is the student required to cross a highway or main arterial road in order to get to their stop?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Please use the following space below to describe the reason/justification for the change request.			
Parent or Guardian Signature:			Date:
<p>All requests are reviewed by the Transportation department and will be adjusted based on district policy, applicable State and Federal rules and guidelines.</p>			



OFFICE USE ONLY

Date Received:	Date Reviewed:	
Determination:	Approved	Disapproved
Date Parent or Guardian Notified:		

NOTES: