

# REQUEST FOR CHANGE/NEW BUS STOP

Are you a: (please check one)

- Parent
- School Bus Driver
- Concerned Citizen
- Other



CENTRAL VALLEY  
SCHOOL DISTRICT #356

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone# \_\_\_\_\_

Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_

Please explain your reason for requesting a new/change of a bus stop. To assist us in evaluating your concern, please list all pertinent information.

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**Mail this to Central Valley School District, Transportation Supervisor, 19307 E Cataldo, Spokane Valley, WA 99016.**

## DETERMINATION

## For Department Use ONLY

Straight line distance from school

Distance to closest existing stop

If less than one (1) straight line mile, does stop mitigate safety hazard?

Points  (must exceed 12 points for any one (1) hazard, or twenty (20) for a combination of two (2) hazards.

Approved

Not Approved

Transportation Supervisor