

SCHOOL BUS STOP REVIEW REQUEST FORM
RHINEBECK CENTRAL SCHOOL DISTRICT

NAME: _____

ADDRESS: _____

TELEPHONE: _____ BUS NO. _____ DATE: _____

Please answer the following:

1. Number of road lanes: _____
2. Speed Limits: _____
3. For the 15 minutes surrounding the time of the bus stop traffic is:
Light _____ Medium _____ Heavy _____
4. Number of students at bus stop: _____
5. Is visibility clear from any direction a vehicle might approach the stop? YES___ NO___
6. Is the stop consistently clear of large vehicle traffic during 15 minutes surrounding the pickup/ dropoff or other potentially hazardous factors? YES___ NO___
7. Is the stop in an area that may experience adverse weather conditions such as periodic fog, flooding, or where snow has a tendency to blow white out? YES___ NO___
8. Is the stop clear of non-traffic barriers to visibility for the driver as the bus approaches the stop (trees, shrubs, large knolls, buildings, etc.)? YES___ NO___
9. Are there sidewalks or areas on the side of the road on which the students can walk to the bus stop? YES___ NO___
10. Is there room for all students to wait safely at least 15 feet from the road and room for all students to embark and disembark the bus safely? YES___ NO___
11. Is the distance all students travel to the stop within the District guidelines? YES___ NO___
12. Can all students get to and from the stop without crossing barriers that may be hazardous (railroads, interstate, state highways, etc.)? YES___ NO___
13. Do you feel this is a safe stop? YES___ NO___

14. Other: _____
(If needed, use reverse side for additional space)

Please forward this response to:	Thomas E. Burnell Assistant Superintendent for Support Services Rhinebeck Central School District P.O. Box 351 Rhinebeck, NY 12572
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