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