

PEARL RIVER UNION FREE SCHOOL DISTRICT  
DEPARTMENT OF TRANSPORTATION  
135 WEST CROOKED HILL RD  
PEARL RIVER, NY 10965

**BUS STOP SAFETY EVALUATION REQUEST**

Dear Parent or Guardian,

Prior to completing this form, please review what constitutes a safe stop per New York Regulations:  
[http://www.p12.nysed.gov/schoolbus/Parents/htm/school\\_bus\\_stops.html](http://www.p12.nysed.gov/schoolbus/Parents/htm/school_bus_stops.html). Please remember that due to the COVID pandemic, the District will be utilizing centralized bus stops in an effort to minimize students travel time on the bus.

If you still feel that we need to evaluate your bus stop, please complete this form and submit the form via email. The transportation department will acknowledge receipt of the request and will respond with a decision via email generally within 2 weeks. Please email this completed form to [CinelliM@pearlriver.org](mailto:CinelliM@pearlriver.org)

**School Name:** \_\_\_\_\_

**Bus/ Route #** \_\_\_\_\_ **Bus Stop:** \_\_\_\_\_

**Student's Name:** \_\_\_\_\_  
Last First

**Student's Address:** \_\_\_\_\_  
House # Street Name City State Zip Code

**Reason for Evaluation:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
**Signature of Parent/Guardian** **Phone Number** **Date**

\_\_\_\_\_  
**Email**

**FOR OFFICE USE ONLY**

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\_\_\_\_\_  
Form Received By: \_\_\_\_\_

\_\_\_\_\_  
Final Determination By (init) \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian contacted and advised of final determination by: \_\_\_\_\_