

QUALITY BUS SERVICE, LLC.  
5310 Route 9W  
NEWBURGH, NY 12550  
845-561-3185  
FAX 845-561-3186

Log # \_\_\_\_\_

## Marlboro CSD School Bus Stop Review Request Form

Please complete a separate form for each stop location to be reviewed. Do not return this form to your child's school. All forms must be returned to Quality Bus Service and must be received by the last business day in September, or within 30 days of establishing school district residency, to be considered for review.

Parent/Guardian Name \_\_\_\_\_ Date Submitted \_\_\_\_\_

Last

First

Home Address \_\_\_\_\_ Day Phone \_\_\_\_\_

\_\_\_\_\_ Night Phone \_\_\_\_\_

### Student's Information

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

Last

First

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

Last

First

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

Last

First

Current Stop Location for Review: \_\_\_\_\_

Why do you think the stop is unsafe? \_\_\_\_\_

Where do you think a safer stop would be? \_\_\_\_\_

Why do you think this is a safer location? \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

Quality Bus Service and Marlboro Central School District will review this request and will respond within 10 calendar days.

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To be completed by Quality Bus Service, LLC.

Date Received \_\_\_\_\_ Received by \_\_\_\_\_

Initial Review Decision: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_ Date of Notification \_\_\_\_\_

Date of Notification mailing \_\_\_\_\_ If approved, effective date of change \_\_\_\_\_