



# Request for Change/New Bus Stop

**PLEASE COMPLETE THE FOLLOWING INFORMATION:**

Today's Date: \_\_\_\_\_

**(The approval process may take up to 2 weeks.)**

Are you a (please check one):  Parent  School Bus Driver  Concerned Citizen  Other: \_\_\_\_\_

Name: \_\_\_\_\_

Student's Name (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Email: \_\_\_\_\_ Phone#: \_\_\_\_\_

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

Please explain your reason for requesting a new bus stop or a change to an existing bus stop. To assist us in evaluating your concern, please list all pertinent information:

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**MAIL THIS FORM TO:** Central Valley School District  
Transportation Supervisor  
19307 E. Cataldo Avenue  
Spokane Valley, WA 99016

**OR, FAX TO:** (509) 558-5419

**OR, SCAN & EMAIL TO:** bus@cvsd.org

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**FOR DEPT. USE ONLY:**

Straight line distance to school: \_\_\_\_\_

Distance to closest existing stop: \_\_\_\_\_

If less than 1 straight mile, does stop mitigate safety hazard? \_\_\_\_\_

Points: \_\_\_\_\_ (must exceed 12 points for any 1 hazard, or 20 for a combination of 2 hazards)

DETERMINATION:  Approved  Not Approved

\_\_\_\_\_  
Transportation Supervisor Signature