

BUS STOP CHANGE REQUEST FORM



Please complete this form only after reviewing our Bus Stop and Routing Criteria and determining that your situation may require special consideration.

Mail your Bus Stop Change Request to:
Superintendent
Jordan ISD 717
500 Sunset Drive
Jordan, MN 55352
or Fax your request to: 952-492-4445

When making your request, please keep in mind:

- Bus Stop & Routing Criteria applies to all riders.
- Regular route buses will not travel into cul-de-sacs, private roads (i.e. apartment complexes and home associations), dead-end streets or other areas where they cannot safely maneuver. An exception to this may be a bus that is transporting students with disabilities. All students, regardless of age or grade who reside in these areas will need to walk to the assigned bus stop following the District bus stop guidelines.
- Availability of sidewalks is not part of the criteria used in establishing bus stops. There are many areas of the School District that was designed without sidewalks.
- Buses drive by many students' homes every day. The bus driving by doesn't warrant adding/changing a bus stop.
- Visibility from the home to the bus stop is not part of our criteria for establishing bus stops. Bus stops are collection points in neighborhoods. If a parent/guardian is concerned about watching their child at the stop they will need to walk with them and supervise them at the bus stop. We strongly encourage parents/guardians to arrange for an adult to be at the bus stop whenever students are present.
- In order to be consistent and fair in placement of bus stops, we cannot establish stops based on personal circumstances such as employment, daycare or siblings.
- Bus drivers do not have the legal authority to make bus stop changes, doing so may result in disciplinary action up to termination. A temporary exception may be made by the driver due to inclement weather or other temporary circumstances, in each case the transportation department must be notified in advance by the driver.

Your Name _____ Date _____

Your Address _____

Phone (daytime) (____) _____

Student's Name _____ Grade _____

School _____ Bus # _____

Currently Assigned Bus Stop Location _____

Requested Bus Stop Location _____

State the reason for your request:

No stop changes will be made or reviewed until after the first two weeks of school.

NOTE: Your request will be reviewed and a site visit may be made to confirm the information contained in this request. You will be contacted after a determination has been made. No changes will go into effect until you and everyone else at your bus stop have been notified.