



Rainy River District Transportation Services Consortium REQUEST FOR STOP LOCATION REVIEW- F08

As the parent, I understand that (check boxes below):

- it is my responsibility to ensure the safety of my child at the bus stops;
- it is my responsibility to walk with young students to and from bus stops;
- there is no requirement to provide door to door transportation for Grades 1-12 students.

If these are not the reasons for a stop location review request, please complete the information required in Section 1. Consortium Staff will make a determination on whether the stop location should be relocated within fifteen (15) working days. At the beginning of September, this timeline may be extended to thirty (30) working days.

SECTION 1

Submitted by: Last Name: _____ First Name: _____ Date: ___/___/20___

Student's Last Name: _____ First Name: _____

School: _____ Grade: _____ Daytime phone number: _____

Nature of concern and preferred stop location:

am stop Route #: _____ pm stop Route #: _____

Please send completed form to 522 Second St. E. Fort Frances, ON P9A 1N4

Note : Incomplete forms will be rejected.

FOR OFFICE USE ONLY

Edulog # _____

SECTION 2

Posted Speed Limit: _____ km/h

Visibility: _____ meters (approaching stop) x _____ meters (oncoming to stop)

Road: Paved Gravel Area type: Rural Urban

Road Width/Type: 2-lanes 4-lanes Dead-end Through Crescent

Other: _____

Conditions: Hill Curve Sidewalk Shoulder Curb

Obstructions: _____

Sketch of area if Necessary:

Outcome: Denied Relocated to: _____

Investigated By: _____ Approved by: _____ Date: _____