

**PLEASE COMPLETE THIS FORM AND RETURN TO TRANSPORTATION DIRECTOR
MARCIA HAHN at hahn.m@mail.wsd.wednet.edu, or 235 Sunset Avenue, Wenatchee 98801**

Concern

Department of Transportation

Request

CONCERN AND BUS STOP REQUEST FORM

Today's Date _____ Date of Concern _____

Today's Time _____ AM/PM Time of Incident _____ AM/PM

Name of Person Stating Concern or Request _____

Classification of person stating concern (Check one): Parent _____ Student _____ Staff _____ Principal _____

Person's Evening Phone _____ Driver _____ Supt. _____ Other _____

Person's Day Phone _____ Driver's Name _____

School _____ # of Students _____ Student's Grade Level _____ Bus # _____

Location of Current Bus Stop (include nearest intersections) _____

Response to Concern/Request _____

Information Taken By _____ Reviewed By _____ Date _____

Driver's Signature _____

BUS STOP APPROVED [] Date _____ BUS STOP DENIED [] Date _____

Reason for approval or denial _____

Date Stop Begins: _____ Date Requester Notified: _____ Date Driver Notified: _____