

**CHARTIERS VALLEY SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT**
97 Thoms Run Road, Bridgeville, PA 15017
412-429-7011

REQUEST OR COMPLAINT REGARDING STUDENT TRANSPORTATION

Name of Resident: _____ Date: _____

Address: _____

City, State, & Zip Code: _____

Home Telephone: _____ Work Telephone: _____

Name of Student (s) Concerned: _____

Assigned School (s) of Student (s): _____

Present Bus Stop Location: _____

Requested Bus Stop Location: _____

Description of Request/Complaint: _____

Please return form to the address above



For transportation use only:

Requested Stop: Approved Denied Bus # _____

Effective Date: _____ New Stop Name: _____

Action Taken: _____

	YES	NO	DATE	COMMENTS
SAFETY COORDINATOR				
DIRECTOR OF TRANSPORTATION				
BOARD OF DIRECTORS				