



Savannah-Chatham County Public School System
Transportation Safety Survey Form

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USE BLUE OR BLACK INK ONLY

Per the Savannah Chatham County Board of Education Policy and the State of Georgia guidelines:

- Transportation shall be provided to eligible students to and from their assigned bus stop provided students are outside the one and one-half mile (1 ½) non transport zone (NTZ) as defined by board policy.
- Students who are admitted to specialty programs are eligible for transportation from an assigned bus stop to the specialty program. If the student is within the one and one-half mile NTZ of the specialty program school, transportation will not be provided.
- Transportation to an Alternative Program is a privilege granted by the Board of Education (BOE). Secondary students assigned to an Alternative Program are assigned transportation on the basis of geographical region. Transportation has established pick-up points throughout Savannah-Chatham County.
- The Following conditions DO NOT WARRANT a change of bus stop:
 - Parent's desire to be able to see the bus stop from the home.
 - Convenience
 - The bus passes your house in route to or from the stop
 - If the current stop is within ½ mile from the residence for Middle and High School or 1/3 mile for elementary school students.
- It is the parent's responsibility to insure the student's safe transport to and from the assigned bus stop or pick-up point.
- Medical hardship requests only apply to medical conditions affecting students.

Student Name: _____ Date of Request: ____ / ____ / ____

School: _____ Grade: _____ Program: _____

Parent/Guardian Name: _____

Home Phone: (____) _____ Work Phone: (____) _____

Existing Stop Location: _____

Bus: _____ Route: _____ Stop Times: _____

Survey Request Reason: _____

**Please continue on back of this sheet if more space is needed*

Parent/Guardian Signature: _____

PLEASE NOTE: The evaluation process takes approximately 10 working days. The exception is the beginning of the school year when request volumes are higher than normal.

<p>SAFETY & ROUTING USE ONLY:</p> <p>Date Received by Safety: _____</p> <p>Safety Recommendation: _____</p> <p>Reason for Recommendation: _____</p> <p>Routing Recommendation: _____</p>
