
Procedure Section:	Transportation
Procedure Title:	Designated Stop Change Request
Procedure Number:	RCJTC AP.01.06
Date Published:	December 20, 2013
Date Reviewed:	
Year of Next Review:	

Designated stops can be requested to be reviewed for various reasons based on valid criteria only.

Parent/Guardian

The parent/guardian will contact the Renfrew County Joint Transportation Consortium via www.onthebus.ca and download a Request for Stop Location Review Form.

School

The school will forward the request to RCJTC for consideration.

RCJTC

RCJTC will consult the Guidelines for Routing and Designated Stop Locations when reviewing before additional stops are added or stops relocated.

If approved, RCJTC will forward the correspondence/applications to the transportation operator(s) and if applicable to the school administration. If the issue remains unresolved, the General Manager will review the case with the Supervisors, the transportation operator and the school. At this point the issue is a policy review item and must be forwarded to the RCJTC executive for policy review and/or adjustment.

Related RCJTC Policy

P.01 Transportation Policy

Related RCJTC Administrative Procedures

AP.03.03 Hazard Checklist Procedure

Related RCJTC Forms

F.01.06.1 Request for Stop Location Review Form
F.01.06.2 Stop Location Review – Observation Form

~ S A M P L E ~
REQUEST FOR STOP LOCATION REVIEW FORM

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

- ☐ it is my responsibility to ensure the safety of my child(ren) at the designated stop.
- ☐ it is my responsibility, if I feel it age appropriate, to walk with my child(ren) to and from the designated stop.
- ☐ there is no requirement to provide door to door transportation for students.

If these are not the reasons for a stop location review request, please complete the information required in Section 1. RCJTC staff will determine within fifteen (15) to thirty (30) working days whether the stop location should be relocated. No reviews will be processed from the last week of August to the third week of October because of RCJTC staff's requirement to focus on working with schools and parents to assign students to transportation.

Parent/Guardian Last Name	First Name	Date Submitted (mm/dd/yyyy)	
Student's Last Name	First Name	School	Grade
911 Address (Street Number, Street Name)	City		Postal Code
Mailing Address (if different from above)	City		Postal Code
Email Address	Home Phone (613)	Work Phone (613)	Cell Phone (613)

Nature of concern and preferred stop location

☐ A.M. Stop Route #: ☐ P.M. Stop Route #:

**** Incomplete forms will be rejected. ****

~ Please send completed form to RCJTC at above address.

For RCJTC Use Only
RCJTC File #:

The personal information you have provided on this form and any other correspondence relating to transportation is collected by the Renfrew County Joint Transportation Consortium (RCJTC) under the authority of the Education Act (R.S.O. 1990 c.E.2) ss. 58.5, 265 and 266 as amended. The information will be used to arrange appropriate transportation, and to give information to employees and transportation providers to carry out their job duties. In addition, the information may be used to deal with matters of health and safety or discipline and is required to be disclosed in compelling circumstances or for law enforcement matters or in accordance with any other Act. The information will be used in accordance with the Education Act, the regulations, and guidelines issued by the Minister of Education governing the establishment, maintenance, use, retention, transfer and disposal of pupil records. For questions about this collection, speak to the General Manager of the RCJTC, 999 Cecelia St., Pembroke, 613-732-8419.

~ S A M P L E ~

TO BE COMPLETED BY RCJTC STAFF

STOP LOCATION REVIEW – OBSERVATION FORM

Route #: _____ Location of Stop: _____

RCJTC File #: _____ Date Received: _____ Date & Time of Observation: _____

Reason for Observation:

☐ Parent Complaint ☐ Driver Concern ☐ Evaluation Review
☐ Establishing New Stop ☐ Other: _____

Stop Profile:

Grade Level (if known): ☐ Elementary #'s _____ ☐ Secondary #'s _____ ☐ Combined #'s _____

☐ Pupil(s) with Special Needs (identify need): _____

Pupil(s) Required to Cross Over: ☐ A.M. ☐ P.M. ☐ Both ☐ Neither

Waiting Area (describe): _____

Distance Factors: (5 m from stop sign, 60 m from controlled intersection)

☐ To corner (group or single) _____
☐ To stop (group or single) _____
☐ To / from unusual hazard (sex offender, court order, etc.) _____
☐ Wheelchair lift zone _____

Access Factors: (walk paths available?)

☐ Sidewalks _____
☐ Shoulders of road _____
☐ Other _____

Traffic Factors:

Visibility to Motorists: (use 8 sec. in 80 km/hr. zone, 5 sec. in 50 km/hr. zone etc.)

- ☐ Hill / Grade _____
- ☐ Curve _____
- ☐ Visible obstruction _____
- ☐ Other _____

Traffic Considerations:

- ☐ Traffic speed: Posted _____ Observed Actual _____
- ☐ Traffic volume: #/min. _____ or #/hr. _____
- ☐ Area type: ☐ Rural ☐ Urban
- ☐ Road condition: ☐ Paved ☐ Gravel ☐ Shoulders ☐ Sidewalk ☐ Curb
- ☐ Road width/type: ☐ __ lanes ☐ Divided by median ☐ Dead end ☐ Through
crescent ☐ Other

Attach sketch of area if necessary.

Outcome: ☐ Denied ☐ Relocated to: _____

Investigated
by _____ by: _____ Approved
Date: _____