

# TRANSPORTATION CONCERN



Date \_\_\_\_\_

Bus # \_\_\_\_\_

Contact Name \_\_\_\_\_

How would you like to be contacted?

Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

Mail: (provide address) \_\_\_\_\_

Child's Name \_\_\_\_\_ Child's Home School \_\_\_\_\_

Is your child a: General Ed Student \_\_\_\_\_ Special Ed Student \_\_\_\_\_

Concern: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please forward your concern to:**

Kevin Love, Transportation Consultant  
Board of Education  
130 Beattie Avenue  
Lockport, NY 14094

Business Office/Ridge Road Use:

Date Ridge Road received: \_\_\_\_\_ Received by: \_\_\_\_\_

Ridge Road Recommendation: \_\_\_\_\_

LCSD Approved \_\_\_\_\_ Disapproved \_\_\_\_\_