

HAZARDOUS ROUTE CLAIM

School: _____ Date: _____

Grade Levels involved: _____

Person Making Request:

NAME: _____

TITLE: _____

ADDRESS: _____

PHONE: _____

1. List exact route walked by students, street by street. Include use of City steps, etc.:

2. List streets claimed to be hazardous:

3. Names and addresses of pupils involved, if known

4. Are pupils listed in Item 3 currently provided transportation by Pittsburgh Public Schools:

CIRCLE: YES NO

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5. To be completed by Principal or Administrator of school involved:

- a. Are all pupils listed in Item 3 properly enrolled in your school?
- b. Is the address given for each pupil listed in Item 3 correct?
- c. In your opinion, will the route in question qualify as hazardous under the State Criteria cited in our memorandum dated September 21, 1981?

CIRCLE: YES NO

d. Remarks:

Signature: _____
(Principal or Administrator)

Date: _____

Additional Notes: