

 **School Bus Stop Decision Appeal Form**

Transportation

55 Major MacDonald Way • Wappingers Falls, NY 12590 • (845) 298-5225 x44104 • Fax (845) 298-5210

Please complete a separate form for each decision being appealed. All forms must be returned to the Transportation Department within 14 days of the date on the initial decision letter. Decisions of the Appeal Committee are final.

Parent/Guardian Name       Date Submitted

Home Address

Daytime Phone       Cell Phone       Evening Phone

Student’s Information

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| --- | --- | --- | --- | --- | --- |
| **STUDENT’S NAME** |  | **GRADE** |  | **SCHOOL** |  |
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Location of stop being appealed

Reason for appeal

What additional information can you provide that would assist the Appeal Committee?

Parent/Guardian Signature Date

The Appeal Committee will notify you of their decision within 30 days.

To be completed by the Appeal Committee

Date Received Received by

Appeal Committee Decision: Approved Rejected

Date of Notification If approved, effective date of change

Date of Notification Mailing