

Date:

## Bus Stop Appeal Form

If you are not satisfied with your child's bus stop you will need to fill out this APPEAL Form. **Please complete all information. \* If this form is not legible your request can not be addressed. Please make sure that you print your information or fill out the form online and then print it out.**

Student's School:

Student's Name:  Age:  Grade:

Student's Home Address:

(Street Number)  (Street Name)  (Dr/Rd/ Lane/ Hwy)

(City)  (State)  (Zip)

Bus Stop assigned for Student on Bus Pass at Registration:

Example: Bus Pass States: (Brown St and Johnson St) or (1401 Hamilton Dr)

Parent Requests Student's bus stop to be:

Is this a corner Stop? YES  or NO  Morning  Afternoon  Both?  (Please Check Only One)

Reason for Appeal:

Is the child considered Special Needs? Yes  No  (Please Check One)

Are door to door transportation issues addressed in the IEP? Yes  No  (Please Check One)

There will be a 5 day wait period for this Appeal to be reviewed. If approved the Transportation Department will contact the School and provide the student with a new bus stop.

When evaluating bus stops the Transportation Department takes into consideration laws imposed by the State. We are limited to where we can place bus stops due to existing laws and regulations.

All Appeals will be addressed by filling out this form. We will not be able to take phone solicitation for bus stop changes. The Transportation Office asks that you take your child to the stop that has been provided to you at registration or the nearest stop to your home until we can attend to your request.

Parents Name:

Parents Contact Phone Number(s)

**\*\*Return this form to your child's school. The school will then fax this form to us.**

Thank you,

Troup County School System Transportation Department