PUYALLUP SCHOOL DISTRICT

TRANSPORTATION APPEAL FORM

Please allow 28 calendar days from date of receipt for the Safety Advisory Committee to review, investigate and make a determination on your request. The committee meets the first Tuesday of each month, but plans to meet as often as necessary to review requests for timely responses. **Reminder: A copy of the denied "Bus Stop and Route Change Request Form" must accompany this form.**

Date: _____

Name of Submitter: _____

Phone: _____ Email: _____

Current Run #: _____School Attended: _____ Your Child(ren)'s Age(s):_____

Student's Address: _____ ZIP:_____

(Please include St., Ave., Ct, etc)

____Current Stop: Stop Location: _____

____ No Current Stop: Create a Stop At: _____

Describe Appeal Request:

_____

_____

_____

_____

_____

Email to: transportation@puyallup.k12.wa.us

Mail to: Safety Advisory Committee ● 302 2nd St. SE ● Puyallup, WA 98372

OFFICE USE ONLY

Date Received: _____ Date Reviewed: _____ Date Reply Sent: _____

Approved: _____ Denied: _____

Comments:

_____

_____

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