

**MARIETTA CITY SCHOOLS TRANSPORTATION DEPARTMENT
BUS STOP APPEAL FORM**

If you are not satisfied with your student's bus stop you will need to fill out this appeal form.
Please make sure all information is Printed. If this form is not legible your request cannot be addressed.

Student's School: _____

Student's Name: _____

Student's Address: _____

(Street Number)

(Street Name)

(Dr. / Rd. / Lane. / Hwy.)

(City)

(State)

(Zip)

Bus Stop Assigned for Student on Bus Pass at Registration:

X

(Example: Brown Street and Johnson Lane) or (306 Hamilton Way)

Parent Requests Student's Bus Stop to be at:

X

Is this a corner stop? **Yes** or **No** (Please circle one)

Morning or **Afternoon** or **Both** (Please circle one)

Is the Student in the Special Needs Program? **Yes** or **No**.

If yes is Transportation addressed in the Student's IEP? **Yes** or **No**

There will be a five business day wait period for this Appeal to be reviewed. If approved the Transportation Department will contact you and provide you with your student's 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 student to the stop that has been provided to you at registration or to the nearest stop to your home until we can attend to your request.

Parents Name: _____

Parents Contact Phone Number: _____

****Please return this form to your student's school. The school will then fax the completed form to Transportation.****

*Thank you,
Marietta City Schools Transportation Department*