

Lower Dauphin School District
Transportation Department
291 E. Main St.
Hummelstown, PA 17036

REQUEST FORM TO APPEAL TRANSPORTATION ASSIGNMENT

Student Name: _____ New Entry _____
Address: _____ Address Change _____
School: _____ Assignment Change _____
Home Phone: _____ Emergency Phone: _____

PRESENT ASSIGNMENT

TO SCHOOL

FROM SCHOOL

BUS No. _____ BUS No. _____
STOP NAME _____ STOP NAME _____
TIME _____ TIME _____

REASON FOR APPEAL OF ASSIGNMENT

Parent Signature _____ Date _____

For Transportation Use Only

Approved: YES _____ NO _____

Date: _____ **Approved By:** _____

Comments: _____

Any appeal to this decision should be sent to our Pupil Services Director for consideration.