
Pittsford Schools

**Transportation Department
Bus Stop Review Committee
100 Mendon Center Road
Pittsford, NY 14534
Phone: (585) 267-2489**

School Bus Stop Decision Form

Please complete a separate form for each stop you are appealing. Do not return this form to your child's school. All forms must be returned to the Transportation Department within 14 days of the date of the letter denying your request for a change to a bus stop location.

Parent/Guardian Name _____ Date Submitted _____
Last First
Home Address _____ Phone _____
Email _____

Student Information:

Name _____ Grade _____ School/Bus Number _____
Last First
Name _____ Grade _____ School/Bus Number _____
Last First
Name _____ Grade _____ School/Bus Number _____
Last First

Current Stop Location for Review _____

Reason for your appeal _____

What additional information can you provide that would assist the Appeal Committee in making their decision? _____

Parent/Guardian Signature _____ Date _____

Note: The Transportation Appeals Committee will meet in October to review requests and will respond by October 31st. Any appeal requested after September 30th will be reviewed and responded to on a case-by-case basis

Date Received _____ Received by _____

Appeal Committee Decision: Approved _____ Disapproved _____

Date of Notification _____ If approved, effective date of change _____

Date of Notification mailing _____