



Kim Catalano • Supervisor • Transportation  
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## School Bus Stop Decision Appeal Form

Please complete a separate form for each decision being appealed. All forms must be returned to the Transportation Department within 14 days of the date on the initial decision letter. Decisions of the Appeal Committee are final.

Parent/Guardian Name \_\_\_\_\_ Date Submitted \_\_\_\_\_  
Last First

Home Address \_\_\_\_\_ Day Phone \_\_\_\_\_  
Night Phone \_\_\_\_\_

### Student's Information

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Last First

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Last First

Name \_\_\_\_\_ Grade \_\_\_\_\_ School \_\_\_\_\_  
Last First

Location of stop being appealed \_\_\_\_\_

Reason for appeal \_\_\_\_\_

What additional information can you provide that would assist the Appeal Committee? \_\_\_\_\_

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_

The Appeal Committee will notify you of their decision within 30 days.

### To be completed by the Appeal Committee

Date Received \_\_\_\_\_ Received by \_\_\_\_\_

Appeal Committee Decision: Approved \_\_\_\_\_ Disapproved \_\_\_\_\_

Date of Notification \_\_\_\_\_ If approved, effective date of change \_\_\_\_\_

Date of Notification Mailing \_\_\_\_\_