

WAPPINGERS CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
55 MAJOR MAC DONALD WAY
WAPPINGERS FALLS, NY 12590
845-298-5225
FAX 845-298-5210

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 your 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 _____