South Colonie Central School District
Transportation Department
Bus Stop Review Committee
2 Winston Place
Albany, New York 12205
Phone: (518) 869-8527/Fax: (518) 869-0355

School Bus Stop Decision Appeal Form

Please complete a separate form for each stop which you are appealing a denial of a change in location. 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 in a bus stop location.

Parent /Guardian Name _____ Date Submitted _____
Last First

Home Address _____ Day Phone _____

_____ Night Phone _____

Student Information

Name _____ Grade _____ School _____
Last First

Name _____ Grade _____ School _____
Last First

Name _____ Grade _____ School _____
Last First

Current Stop Location for Review _____

Reason for your appeal _____

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

Parent/Guardian Signature _____ Date _____

The Transportation Appeal Committee will review this request and will respond within 30 calendar days.

Date Received _____ Received by _____

Appeal Committee Decision: Approved _____ Disapproved _____

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

Date of Notification Mailing _____