



Transportation Department | Bus Stop Review Committee
4 Spartan Way | Rochester, New York 14624

Phone: (585) 247-4774 | Fax: (585) 340-5596 | Email: BusInformation@gateschili.org

School Bus Stop Safety Decision Appeal Form

Form must be submitted to the Transportation Department by either method listed above within 14 days of the "School Bus Stop Safety Review Request" form decision.

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

Bus # for AM _____ Bus # for PM _____

Current Stop Location for Review _____

Why do you think the stop is unsafe? _____

Where do you think a safer stop should be? _____

Why do you think this is a safer location? _____

Parent/Guardian Signature _____ Date _____

The Board OF Education will meet the third week in October and the appeal decision will be sent out within 10 business days from the meeting date.

FOR OFFICE USE ONLY

Date Received _____ Received by _____

Initial Review Decision: Approved _____ Disapproved _____ Date of notification _____

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