TROY SCHOOL DISTRICT
TRANSPORTATION
APPEAL FORM

Please complete all of the applicable areas on this form. **PLEASE PRINT.**

Date: _____ School: _____

Bus#: _____ Stop Location: _____

Name of Student(s): _____
Grade(s)

Home Address: _____

Name of Parent/Guardian:_____

Email address: _____

Phone number where you can be reached during the day:_____

Date Received: _____

Please give a brief statement why you are appealing the decision of your Bus Stop Request Form

Appeals will be reviewed within 30 days of receipt.