



Tacoma School District #10  
Bus Stop Appeals Request Form

Date \_\_\_\_\_

School Name \_\_\_\_\_

Person Submitting Request \_\_\_\_\_

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_

Address \_\_\_\_\_ Telephone # \_\_\_\_\_ Email \_\_\_\_\_

Daycare Provider/Address \_\_\_\_\_

Concern \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Current Stop Location \_\_\_\_\_ Route # \_\_\_\_\_

Requested Action \_\_\_\_\_

Signature \_\_\_\_\_

- - - - - **DO NOT WRITE BELOW – APPEALS BOARD ONLY** - - - - -

Approved \_\_\_\_\_ Denied \_\_\_\_\_

Disposition \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Appeals Board Representative \_\_\_\_\_

*Signature*

*Date*