

**GUILFORD COUNTY SCHOOLS
TRANSPORTATION DEPARTMENT**

Appeal of School Bus Stop Location

Please Print

Parent/Guardian _____

Phone # Day _____ Evening _____

Home Address _____

City _____ ZIP _____ Email _____

School _____

(Please submit a separate request for each school.)

Student _____ Grade _____ Age _____

Student _____ Grade _____ Age _____

Student _____ Grade _____ Age _____

Present stop location assigned:

_____ Bus # _____ AM PM Both

Requested stop location:

Please state the characteristics of the present stop assignment that you feel justify a change in the location of the stop or placement of an additional school bus stop.

Signature of Parent/Guardian _____ Date _____

Submit to:

Guilford County Schools Transportation Department
Bus Stop Appeal
131 Franklin Blvd.
Greensboro, NC 27401

Fax 336-370-8930

Phone 336-370-8920

Form will be processed within 5 to 7 days of receipt, except during the first 3 weeks of school start date.