

**BRECKSVILLE-BROADVIEW HEIGHTS CITY SCHOOL DISTRICT**  
**Transportation Appeals Committee Application**

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Applications are due one week prior to the date the applicant will present the appeal. The applicant will be given approximately 10 minutes to present the appeal, at which time all pertinent information should be offered to the committee. Questions by committee members will follow the applicant's presentation. Committee decisions will be issued subsequent to the appeal date.

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Student Name \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

Parent Name \_\_\_\_\_

Phone Number \_\_\_\_\_

Address \_\_\_\_\_

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Current Bus Stop \_\_\_\_\_

Bus Number \_\_\_\_\_

State clearly and succinctly the transportation change you request. Include rationale for the change:

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Appeals Committee Date: \_\_\_\_\_

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Decision of the Appeals Committee: \_\_\_\_\_

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Approved \_\_\_\_\_

Denied \_\_\_\_\_

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