



SYRACUSE CITY SCHOOL DISTRICT

Anthony Q. Davis, Interim Superintendent of Schools

Transportation Department

Jeremy C. Smith, Director

TRANSPORTATION APPEAL PACKET

The School Board Eligibility Policy is over 1 mile for grades K-8 and 1.5 miles for grades 9-12. This includes day care providers.

Appeal packet consist of: 1) Ineligibility parent request form; 2) the Principal's recommendation form. Parent must complete the ineligibility appeal form and return to the school's Principal. Once both forms are completed and signed, the forms must be submitted to the Transportation Center. Transportation will notify parents of the appeal hearing date and time.

An appeal does not mean that the student will automatically receive transportation.



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Ineligibility Parent Request Form Criteria for Student Transportation is DISTANCE ONLY

Distance Criteria: Grades K-8 - more than 1 mile / 9-12 - more than 1.5 miles

To be Completed By Parent/Guardian Only

SCHOOL _____ DATE _____

STUDENT NAME(S) _____ GRADE(S) _____

STUDENT NAME(S) _____ GRADE(S) _____

PARENT/GUARDIAN _____ HOME PHONE _____

AM Address _____

PM Address _____

The Syracuse City School District Transportation Department did not recommend that my child receive transportation to and from his/her assigned school.

(Please tell us...What makes your transportation request for your child(ren) unique and different.)

Parent Request: _____

(Please Print) Name of Parent /Guardian

(Signature) Name of Parent/Guardian

I/We Approve of the Transportation Department's denial for the following reason(s).

To Be completed by Ineligibility Committee Only

_____ Approved _____ Denied

Reason: _____

Date: _____



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SCSD TRANSPORTATION INELIGIBILITY REVIEW COMMITTEE

PRINCIPAL'S RECOMMENDATION FOR REVIEW OF DENIED TRANSPORTATION

This form must be filled out and returned with the Ineligibility Parent's Request Form

The SCSD Transportation Department did not recommend that _____
(Name of Student)
receive transportation to and from _____.
(School)

The school recommends, or does not recommend transportation for the following reasons:

The principal understands that the ***ONLY*** criteria for student transportation is ***DISTANCE ONLY*** – K-8 more than one mile and 9-12 more than one mile and a half. All students who do not meet the criteria for transportation must be treated the same in like circumstances.

Principal's Signature _____ Date _____

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