

Please fill out the following information for each child.

KNOX COUNTY SCHOOLS  
Transportation Department  
**PARENTAL CONCERN**

*(Please use ball point pen or typewriter.)*

Date \_\_\_\_\_ School \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_

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

Parent/Guardian Address \_\_\_\_\_ Zip \_\_\_\_\_

Nearest Intersecting Road to Student's Residence \_\_\_\_\_

Assigned Bus Stop \_\_\_\_\_ Bus # \_\_\_\_\_ Morning Pick-up Time \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Please check your concern(s):

Unsafe Bus Stop Location

Overcrowded Bus

Distance From Home to Stop

Parent Responsibility Zone Appeal

Other Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

Signature

**DO NOT WRITE BELOW THIS LINE**

**FOR TRANSPORTATION DEPARTMENT & SCHOOL USE ONLY**  
*RESPONSE*

Transportation Dept: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name \_\_\_\_\_ Date \_\_\_\_\_

Signature (Transportation Dept.)

**RETURN FORM TO SCHOOL OR TRANSPORTATION DEPARTMENT.**

WHEN DECISION IS MADE, PARENT WILL BE NOTIFIED.

Knox County Schools  
Transportation Department  
P.O. Box 2188  
Knoxville, TN 37901-2188  
Fax: (865) 594-1554

Report ID \_\_\_\_\_