

Solvay Union Free School District  
Transportation Department  
399 Beach Road  
Syracuse, NY 13209

Phone: 487 – 5842

Fax: 487 - 5857

**Transportation Request Form**  
To start, update, or change student's transportation needs.

Today's date: \_\_\_\_\_

Student Name: \_\_\_\_\_  Male  Female  
Last First Middle Initial

Home Address: \_\_\_\_\_  
No. Street Area (i.e. Solvay, Lakeland, Lynburg Lawns)

Age: \_\_\_\_\_ Grade: \_\_\_\_\_ School: \_\_\_\_\_

Parent/Guardian Home Phone Number: \_\_\_\_\_ Day Care Number: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Work Phone Number: \_\_\_\_\_

When would you like the change to take place? \_\_\_\_\_ (NOTE: 48 HRS. MINIMUM TO PROCESS)

*New To Our District:*      ← Check one →       *Change in Transportation:*

**AM Change:**

Current Address: \_\_\_\_\_ New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PM Change:**

Current Address: \_\_\_\_\_ New Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent(s) Signature: \_\_\_\_\_ Print: \_\_\_\_\_

NOTE: A NEW TRANSPORTATION REQUEST FORM NEEDS TO BE FILLED OUT EVERY YEAR AND MAILED TO THE TRANSPORTATION DEPARTMENT BY AUGUST 16 OTHERWISE PICK UP AND DROP OFF WILL BE AT THEIR HOME.

NOTE: In case of an "Early Dismissal," we will need to know the address where you would like your child to be transported.

*FOR TRANSPORTATION USE ONLY*

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

Transportation Department Designee: *Signature:* \_\_\_\_\_

Bus # \_\_\_\_\_ Pick-up Time: \_\_\_\_\_ Pick-up Location: \_\_\_\_\_