

Solvay Union Free School District
Transportation Department

Request for School Bus Transportation
315-487-5842/315-487-5857 fax

Today's Date: _____ Date of Trip: _____ Class/Group: _____

Building: SES SMS SHS

Destination: _____ Address: _____

Person in Charge: _____

Number of Students: _____

Number of Staff: _____

Departure Time (time expected to leave school): _____

Estimated Return Time (time expected back at school): _____

Trip qualified through Arts in Education: Yes No

Special Considerations (complete all that apply):

of wheelchairs: _____

of strollers: _____

of harnesses: _____

of booster seats: _____

Attendant required: Yes No

Other Scheduled Stops: Yes No _____

*All non-approved stops require approval from the Director of Transportation

APPROVALS

Building Principal _____ Date: _____ Yes No

Transportation Supervisor _____ Date: _____ Yes No

Number of Vehicles: _____

Remarks: _____

*****Please complete and return to the Transportation Supervisor. Upon approval, a signed copy will be returned to you.**