

TRANSPORTATION REQUEST FORM
Private and Parochial Schools

To: Solvay Union Free School District
Transportation Supervisor
399 Beach Road
Syracuse, NY 13209

Phone: 315-487-5842
Fax: 315-487-5857

This transportation request form MUST be submitted by April 1 of each school year to the above address.

Date: _____

Son/daughter Date of Birth: _____

In accordance with the laws of the State of New York, I hereby formally request transportation for my

son/daughter (student's name): _____

who will be attending (school name): _____

(school address and phone number): _____

In Onondaga County, during the 20____ school year in accordance with the governing New York

State laws. The pupil for whom I am requesting transportation is ____ years of age and will enter grade ____
in September 20____. The pupil's legal residence is:

Address: _____

Phone: _____ Cell: _____ Other: _____

In addition to making this request directly, I wish to inform you that I have authorized the Principal of

(school) _____ or his/her successor in that position to be my

representative in requesting transportation for my child. This authorization is to remain in effect while my

child is in attendance at (school) _____.

Parent/Guardian Signature: _____

Print Name: _____