

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: \_\_\_\_\_

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: \_\_\_\_\_