

Today's date: _____

Student ID#: _____

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

IEP: Y _____ N _____

Phone: 315- 487-5842

EMAIL: gbrown@solvayschools.org

Special Transportation: Y _____ N _____

Fax: 315-487-5857

EMAIL: beastman@solvayschools.org

Transportation Request Form

To start, update, or change student's transportation needs

Student Name: _____ Male Female
Last First Middle Initial

Home Address: _____
No. Street Area (i.e. Solvay Lakeland, Lindbergh Lawns)

Age: _____ Grade: _____ School: _____

Parent/Guardian Home Phone Number: _____ Day Care Number: _____

Cell Phone Number: _____ Work Phone Number: _____

Email: _____

When would you like the change to take place? _____ (NOTE: 48 HRS MINMUM TO PROCESS)

CHECK ONE

New to Our District: Childcare/Afterschool: Change in Address:

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

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

Called: _____ Faxed: _____ Copy: _____

Approved Denied Reason _____

Transportation Department Designee: *Signature:* _____

Bus # _____ Pick-up Time: _____ Pick-up Location: _____

Bus # _____ Drop-off Time: _____ Drop-off Location: _____