

Student ID#: _____

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

IEP: Y____N____

Special Transportation: Y____N____

Phone: 315- 487-5842

Fax: 315-487-5857

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, Lindbergh 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)

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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.

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FOR TRANSPORTATION USE ONLY

Called: _____ Faxed: _____ Copy: _____

Approved Denied Reason _____

Transportation Department Designee: *Signature:* _____

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