

WEST GENESEE CENTRAL SCHOOL DISTRICT
TRANSPORTATION DEPARTMENT
5203 WEST GENESEE STREET
CAMILLUS, NY 13031
Phone: (315) 487-4576 / Fax: (315)487-4547

PAROCHIAL/PRIVATE/NON-PUBLIC TRANSPORTATION REQUEST

Date of Request: _____ Date Received: _____

In order to process this request, all information must be provided. **REMINDER:** All requests for transportation must be renewed annually and received by the Transportation Department **NO LATER THAN APRIL 1st**.

To: The Transportation Supervisor:

"I hereby formally request transportation for (name) _____

for the school year 20____ - 20____. The student for whom I am requesting transportation is _____ years of age, date of birth _____, will enter grade _____ and resides at:

House #/Street

Phone Number

Parent/Guardian Signature

Print Name

School Name: _____

School Address: _____

School Bell Times: _____

A.M. to _____ PM

Transportation Information:

Is A.M. (to school) transportation requested? _____ yes _____ no

Is P.M. (from school) transportation requested? _____ yes _____ no

Sitter/Daycare:

Name: _____

Address: _____

Phone: _____

STUDENT MUST BE 5 YEARS OLD BY DEC 1ST TO BE ELIGIBLE FOR BUSING