

WEST GENESEE CENTRAL SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT  
5203WEST 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 1<sup>st</sup>**.

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 1<sup>ST</sup> TO BE ELIGIBLE FOR BUSING**