

**ROCHESTER COMMUNITY SCHOOLS
TRANSPORTATION CENTER
380 S. LIVERNOIS
ROCHESTER HILLS, MI 48307
Phone # 248.726.5925 Fax # 248.726.5935**

WAIVER OF TRANSPORTATION SERVICES CONSENT FORM #076-1

Each year seats are reserved for large numbers of students eligible for transportation who never utilize the available service. In an effort to reduce operating costs and improve efficiency, if your student is eligible and will not be utilizing to and from school bus transportation for the coming school year, please complete this form and return it to your school office or mail it to the address listed above.

PLEASE PRINT

DATE COMPLETED _____ SCHOOL YEAR _____

SCHOOL _____

LAST NAME _____ FIRST NAME _____

ADDRESS _____

BIRTHDATE _____ YEAR OF GRADUATION _____

By signing this waiver, the above named student will not be assigned to bus transportation for the stated school year.

PARENT/GUARDIAN SIGNATURE _____

If during the school year, transportation service is required, arrangements can be made by contacting the Transportation Center.

If you have any questions regarding this form, please contact the Transportation Center.

Thank you for your cooperation.