



**Waterloo Central School District
Transportation Department**

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1719 North Rd., Waterloo, New York 13165
Phone (315) 539-1515 • Fax (315)539-1578

New Student Request for Transportation

Student Info

Name:	Grade:
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Parent/Guardian Info (please write legibly)

Name(s):	Relation to Student:
Home Address:	
Primary Phone #:	
Secondary Phone #:	
E-mail Address (Required for Communication):	

***If your child requires transportation to different locations please check here and complete reverse side**

AM Pick Up Location

Name of Responsible Party (if other than home address)

Phone # (if other than home address)

PM Drop Off Location

Name of Responsible Party (if other than home address)

Phone # (if other than home address)

Please Remember:

- Students are permitted no more than two changes in busing per school year
- The transportation department cannot honor "one time" or "short term" changes
- CHANGES MADE THE FIRST 5 DAYS OF SCHOOL WILL BE LIMITED TO EXTREME HARDSHIP ONLY

Requests:

- must be filled out by a parent/guardian and submitted no later than 8/1 to the transportation department
- submitted after the deadline will be processed on a case-by-case basis
- must be filled out one per child for K-6 students

Parent/Guardian Signature: _____ **Date:** _____

Office Use Only:

Notification to Driver:

Add to Bus # _____ AM / PM

Remove From Bus # _____ AM / PM

Confirmed School Tools File is Correct: _____

Routefinder Updated:

Add To: Bus # _____ AM Rt / Bus # _____ PM Rt.

Remove From: Bus # _____ AM Rt / Bus # _____ PM Rt.

Change Completed _____

Parent Notified _____

School Notified _____

Effective Date: _____

***Fill this side in ONLY if your child requires transportation to different locations during the week.**

<p style="text-align: center;">1st AM Pick Up Location</p> <hr/> <hr/> <p>Name of Responsible Party (if other than home address)</p> <hr/> <p>Phone # (if other than home address)</p> <p><u>Days of the Week:</u></p> <p>M_____ T_____ W_____ Th_____ F_____</p>	<p style="text-align: center;">2nd AM Pick Up Location</p> <hr/> <hr/> <p>Name of Responsible Party (if other than home address)</p> <hr/> <p>Phone # (if other than home address)</p> <p><u>Days of the Week:</u></p> <p>M_____ T_____ W_____ Th_____ F_____</p>
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<p style="text-align: center;">1st PM Drop Off Location</p> <hr/> <hr/> <p>Name of Responsible Party (if other than home address)</p> <hr/> <p>Phone # (if other than home address)</p> <p><u>Days of the Week:</u></p> <p>M_____ T_____ W_____ Th_____ F_____</p>	<p style="text-align: center;">2nd PM Drop Off Location</p> <hr/> <hr/> <p>Name of Responsible Party (if other than home address)</p> <hr/> <p>Phone # (if other than home address)</p> <p><u>Days of the Week:</u></p> <p>M_____ T_____ W_____ Th_____ F_____</p>
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Additional Transportation Details:
