

Waterloo Central School District Transportation Department

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REQUEST FOR TRANSPORTATION CHANGE

Student Into		
Name:		Grade:
Home Address:		Please Check Here if New Address
Parent/Guardian Info		
Primary Contact Name:		
Primary Contact Phone:		
E-mail Address (Required for Commun	ication):	
 All Changes Must be made by parent/legal gu Must be in writing (no faxes/pho Must be in person Must be accompanied by valid p 	one calls/emails)	
Current AM Location		New AM Location
	_	Responsible Party Name (if other than home address)
Current PM Location		Responsible Party Phone (if other than home address) New PM Location
	_	Responsible Party Name (if other than home address)
		Responsible Party Phone (if other than home address)
Signature: Please allow 5 business days for change		Date:
Office Use Only: Notification to Driver: Add to Bus # AM / PM Remove From Bus # AM / PM Confirmed School Tools File is Correct:		/ Bus # PM Rt. Parent Notified AM Rt / Bus # PM Rt. School Notified mpleted Effective Date: