

Romulus Central School
Department of Transportation
5705 Main Street Romulus, N.Y. 14541
866-810-0345 or 607-869-5391 Extension 310
Transportationgroup@romuluscsd.org

Request for Student Transportation

Date Received

New Request: _____ Update or Change: _____ No Transportation Needed _____

Student Information

Name:	Entering Grade:
Home Address:	Apartment or Lot Number:

Parent/Guardian Information

Name:	Name:
Address:	Address:
Primary Phone Number:	Primary Phone Number:
Secondary/Work phone Number:	Secondary/Work phone Number:
Resides with Student: Yes No	Resides with Student: Yes No

Other Household Information

Name of all Family Members:	Relationship to Student:	Age or Grade

Transportation Information:

Morning Pick Up Location/Address:	Afternoon Drop Off Location/Address:
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Please circle the appropriate days the student will need transportation at this location.

AM M T W TH F	PM M T W TH F
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Names of any persons that may pick up, or receive student at the bus stop:	Relationship to Student:	Names of any persons that CAN NOT pick up, or receive student at the bus stop:	Other pertinent information relating to student transportation and or safety.

In case of early dismissal, please have my student follow this procedure:

Return home as usual: _____

Go to: Name and Address _____

Other: Please Explain _____