

Fayetteville-Manlius School District  
8199 E. Seneca Turnpike  
Manlius, NY 13104-2140

Request for Transportation

Date: \_\_\_\_\_

To Whom It May Concern:

In accordance with the laws of the State of New York, I hereby request transportation for:

Student Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Cell Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

School Attending: \_\_\_\_\_

School Address: \_\_\_\_\_

Distance From Home Address: \_\_\_\_\_

School Year: \_\_\_\_\_

During the coming scholastic year on any day that transportation is available and school is in session. The pupil for whom I am requesting transportation for is \_\_\_\_\_ years of age, and will enter \_\_\_\_\_ grade in September.

I also understand this form **must be submitted prior to April 1<sup>st</sup> of each year** the above student attends any school other than a Fayetteville-Manlius School. I understand that the distance to the school from my home cannot exceed 15 miles.

The following are emergency numbers to be used in the event that I cannot be reached:

\_\_\_\_\_  
\_\_\_\_\_

PM: Address of sitter or daycare: \_\_\_\_\_

Days of the week (if other than home): \_\_\_\_\_

\_\_\_\_\_  
Parent or Guardian Signature

Please return to:

Fayetteville-Manlius Central School District  
Transportation Department  
222 W. Franklin Street  
Fayetteville, NY 13066

OFFICE USE: Approved  Denied

Date: \_\_\_\_\_