

WEST GENESEE CENTRAL SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT  
5203 WEST GENESEE STREET  
CAMILLUS, NY 13031  
Phone: (315) 487-4577  
Fax: (315) 487-4547

**PAROCHIAL/PRIVATE/NON-PUBLIC TRANSPORTATION REQUEST**

Date of Request: \_\_\_\_\_ Date Received: \_\_\_\_\_

In order to process this request, all information must be provided. **REMINDER:** All requests for transportation must be renewed annually and received by the transportation office **no later than April 1st** each year. If you have any questions, please call the number listed above.

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**To: Director of Transportation**

"I hereby formally request transportation for (name) \_\_\_\_\_  
for the school year 20 \_\_\_\_ - 20\_\_\_\_. The student for whom I am requesting  
transportation is \_\_\_\_ years of age, date of birth \_\_\_\_\_, will enter  
grade \_\_\_\_\_, and resides at

\_\_\_\_\_."

Street/Number

City

Zip Code

\_\_\_\_\_  
(Parent/Guardian Signature)

\_\_\_\_\_  
(Phone Number)

**SCHOOL NAME/ADDRESS:** \_\_\_\_\_  
\_\_\_\_\_

**SCHOOL PHONE #:** \_\_\_\_\_

**SCHOOL BELL TIMES:** \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

**TRANSPORTATION INFORMATION:**

Is A.M. (to school) transportation requested? \_\_\_ yes \_\_\_ no  
If so, from where? \_\_\_\_\_

Is P.M. (from school) transportation requested? \_\_\_ yes \_\_\_ no  
If so, to where? \_\_\_\_\_

**Babysitter:**

Name \_\_\_\_\_  
Address \_\_\_\_\_  
Phone \_\_\_\_\_