

## REQUEST FOR TRANSPORTATION

Royalton-Hartland School District 54 State St, Middleport, NY 14105



- ☐ My student will be riding the bus to and from school (Check, complete form and sign at the bottom)  
☐ My student will not be riding the bus to and from school (Check and sign at the bottom)

Student Name \_\_\_\_\_ Grade \_\_\_\_\_

Teacher \_\_\_\_\_ Room \_\_\_\_\_

Other siblings at school \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

TOWN \_\_\_\_\_ ZIP \_\_\_\_\_

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Emergency Phone \_\_\_\_\_ Relationship \_\_\_\_\_

Current bus assignment AM \_\_\_\_\_ PM \_\_\_\_\_

### PICK-UP LOCATION OTHER THAN HOME

Name \_\_\_\_\_

Address/town \_\_\_\_\_ Phone \_\_\_\_\_

Effective date From \_\_\_\_\_ To \_\_\_\_\_

### DROP-OFF LOCATION OTHER THAN HOME

Name \_\_\_\_\_

Address/town \_\_\_\_\_ Phone \_\_\_\_\_

Effective date From \_\_\_\_\_ To \_\_\_\_\_

Parent / guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Effective date of change \_\_\_\_\_

TRANSFER TO BUS LETTER AM \_\_\_\_\_ PM \_\_\_\_\_

For the safety of your children there are specific conditions that are necessary in order to approve this request. They are:

- a) The location must be on a regularly scheduled bus route.
- b) There must be space available on the bus.
- c) Once established the pick-up or drop-off must remain consistent week to week.
- d) To ensure the notification of all parties, a period of 5 days must pass before the transportation change can take effect.

If the parents/ legal guardians request transportation of this nature, they must complete this form and submit it to the building secretary AND the bus garage no later than August 15 for the following school year.

APPROVED BY:

Ridge Road Express \_\_\_\_\_

Royhart Schools \_\_\_\_\_

You MUST send this completed form to both the bus garage(scheasty@grsbuses.com) AND the RH building secretary.

ES - dmccarthy@royhart.org

MS - rdodge@royhart.org

HS - alakes@royhart.org