

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 _____