

NIAGARA WHEATFIELD CENTRAL SCHOOL DISTRICT

TRANSPORTATION REQUEST FOR PICKUP & DROP OFF OTHER THAN A HOME ADDRESS

Upon completion of this application, please remit to:

Niagara Wheatfield Transportation Department
2260 Saunders Settlement Road
Sanborn, New York 14132

Today's Date: _____ This application is for the school year 20____ - 20____

and specifically from _____ to _____
Date Date

I am requesting transportation for the following student:

Student Name School Current Grade

Parent/Guardian (Print Name) Home address, City Telephone

Parent Signature

Other AM Pickup Location: (Indicate what days) M ___ Tu ___ W ___ Th ___ F ___ (For Office Use only)

Street Address Contact Name Telephone # Bus # Time

Other PM Drop Off Location: (Indicate what days) M ___ Tu ___ W ___ Th ___ F ___

Street Address Contact Name Telephone # Bus # Time

District Policies Regarding Busing Between School and Child Care Centers -

1. *The service is available for grades K-12*
2. One (1) pick-up location & One (1) drop-off location Monday thru Friday
3. Changes are allowed only in an emergency.
4. No Pick-ups or drop-offs are permitted at businesses, or places of employment.
5. Child Care locations must be within District boundaries, and for students attending elementary schools they must be located within the attendance zone boundaries for that school.
6. The District may require up to 14 days to process a new or changed "Stop Other Than Home"
7. **Drivers are not allowed to go off route, or drop off students at unauthorized locations without permission and a signed note from the parent and approved by the school office**

FOR OFFICE USE ONLY

SCHOOL _____ AM ROUTE _____ PM ROUTE _____

PRINCIPAL SIGNATURE _____