

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 1st 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: _____