

TRANSPORTATION REQUEST FORM  
Private and Parochial Schools

To: Solvay Union Free School District  
Transportation Supervisor  
399 Beach Road  
Syracuse, NY 13209

Phone: 315-487-5842 Fax:  
315-487-5857  
Email: [gbrown@solvayschools.org](mailto:gbrown@solvayschools.org)  
Email: [beastman@solvayschools.org](mailto:beastman@solvayschools.org)

This transportation request form MUST be submitted by April 1 of each school year to the above address.

Date: \_\_\_\_\_

In accordance with the laws of the State of New York, I hereby formally request transportation for my  
son/daughter (student's name): \_\_\_\_\_

who will be attending (school name): \_\_\_\_\_  
(school address and phone number): \_\_\_\_\_

In Onondaga County, during the 20\_\_ school year in accordance with the governing New York  
State laws. The pupil for whom I am requesting transportation is \_\_\_\_\_ years of age and will enter grade  
\_\_\_\_\_ in September 20\_\_\_. The pupil's legal residence is:

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Other: \_\_\_\_\_

In addition to making this request directly, I wish to inform you that I have authorized the Principal of  
(school) \_\_\_\_\_ or his/her successor in that position to be my  
representative in requesting transportation for my child. This authorization is to remain in effect while my  
child is in attendance at (school) \_\_\_\_\_.

Parent/Guardian Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_