

**STUDENT TRANSPORTATION REQUEST FORM**

School Year \_\_\_\_\_

*PLEASE RETURN FORM TO:*

Transportation Department, 175 East Bacon St, Waterville, NY 13480 or  
Email or scan to: [transportation@watervillecsd.org](mailto:transportation@watervillecsd.org)

**Record the First Name, Last Name & Grade your child is entering into this school year.  
PLEASE NOTE: Your child must be 4 years old to ride a school bus with WCS.**

1) Grade:	2) Grade:	3) Grade:
4) Grade:	5) Grade:	6) Grade:

**Home Address:**

**Parent #1 Name and Phone #:**

**Parent #2 Name and Phone #:**

**WILL YOU BE NEEDING A BUS FOR YOUR CHILD THIS SCHOOL YEAR? (CIRCLE) YES NO**

**What address would you like your child to be picked up from each morning? If the pickup is your home address please write "HOME". If your child will be dropped off each morning to school please write "DROPOFF".**

**(ie: 111 Madison Street, Oriskany Falls)**

**What address would you like your child to be dropped at each afternoon? If the dropoff is your home address please write "HOME". If your child will be picked up each afternoon from school please write "PICKUP".**

**Print Parent Name**

**Date**



# Dismissal Changes

If you plan to have your child(ren) picked up rather than ride a bus on a certain day, this request must be accompanied by a note or email ([k6busing@watervillecsd.org](mailto:k6busing@watervillecsd.org)). **All notes/emails need to be submitted before 1 PM.**

The note/email must contain the following information:

1. DATE(S) OF CHANGE REQUESTED
2. STUDENT'S FULL NAME
3. TEACHER'S NAME
4. NAME AND PHONE # OF WHO WILL BE PICKING UP YOUR CHILD
5. PARENTAL SIGNATURE