

Waterville Central School

Student Transportation Request

_____ School Year

PLEASE RETURN FORM TO:

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

Student Information

** UPK students will need to be parent-transported until their 4th birthday. If they will need busing at 4 years old, please list them below.*

Student's First & Last Name	Grade	Date of Birth (MM/DD/YY)	Needs Transportation?
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Transportation Information *If the address is your home address simply write "HOME". If different, please enter the alternate addresses below:*

- Pick-up Location: _____
- Drop-off Location: _____

Parent/Guardian Information

- Name(s): _____
- Home Address: _____
- Phone Number: _____

Signature: _____ Date: _____

TR DEPT USE ONLY AM RT # _____ PM RTE # _____