

**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](mailto: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 # \_\_\_\_\_