

Syracuse City Transportation Request

Yes or No (Please Circle)

2014-2015 School Year – PLEASE DO NOT SEND TO THE SCHOOL OFFICE. PLEASE RETURN THIS FORM BY APRIL 1ST TO THE SCHOOL DISTRICT THAT WILL PROVIDE TRANSPORTATION FOR YOUR CHILD. We have listed the addresses and fax numbers on the back of this page.

Please complete this form even if you are not requesting transportation. This will clarify to the District that you have made a decision regarding transportation.

Family Name _____

Address _____ Phone _____

City _____ State _____ Zip _____

Residing in _____ Public School District

Attending _____ School

Student's Name _____ GR _____

Student's Name _____ GR _____

Student's Name _____ GR _____

Student's Name _____ GR _____

This is to certify that I hereby appoint the principal of the above mentioned school to act as my authorized representative to request transportation to and from school under the provision of the Speno Act for the student mentioned above.

This authorization shall remain in effect while I have my child (ren) in attendance at the school or until I expressly revoke it in writing

Signature

Date