

**ROME CITY SCHOOL DISTRICT**

409 Bell Road  
Rome, New York 13440



## Cancel Bus Service

I no longer require (AM) or (PM) Busing

I understand if future busing is required, I will contact the transportation Department @ 338-6550

Date \_\_\_\_\_

Student name \_\_\_\_\_

Address \_\_\_\_\_

City / Town \_\_\_\_\_

Phone \_\_\_\_\_

Grade \_\_\_\_\_

School \_\_\_\_\_

Effective date \_\_\_\_\_

Person making request \_\_\_\_\_

Reason \_\_\_\_\_

\_\_\_\_\_

You may be contacted to verify your request to discontinue bus service

Received \_\_\_\_\_

School notified \_\_\_\_\_