

Depew UFSD



BUS TRANSPORTATION

Student's Name _____ School Building _____

Birth Date _____ Grade _____ School Year _____ Today's Date _____

Instructions: Use one (1) form per student and provide one (1) daycare location (for grades K-7 only). Please return this form by mail to 5261 Transit Rd, Depew, NY 14043. **Attn: Transportation Dept.** Please allow 3-5 business days upon receipt for processing. **Bus assignments may not be the same year to year, if we do not receive a form for your student, we will NOT route him/her to a bus.**

1 -Student's Primary Residence

Guardian's

Name _____

Street _____

City/Zip _____

Phone _____

Email _____

2 -Daycare Provider (if applicable)

Guardian's

Name _____

Street _____

City/Zip _____

Phone _____

Email _____

Please check the appropriate choice below and note, we **DO NOT** accept calendars or alternating schedules:

Morning Pick-Up

☐

Primary Residence

☐

Daycare Provider *

☐

No Transportation Needed

Number of Pick up location—*A.M. Daycare - M ___ T ___ W ___ H ___ F ___

Afternoon Drop-off

☐

Primary Residence

☐

Daycare Provider *

☐

No Transportation Needed

Number of Drop off location—*P.M. Daycare - M ___ T ___ W ___ H ___ F ___

Parent/Guardian Signature

Requested Start Date

Office Use Only

Date Received

AM Bus# _____ PM Bus # _____ Date Entered _____ Date Notified _____ Date School _____