FOR TRANSPORTATION USE ONLY
SCHOOL YR 20_____ - 20 _____
SPECIAL BUS NO. _____
REGULAR BUS NO. _____

Depew Union Free School District
SPECIAL BUSING REQUEST
APPLICATION

Applications for the school year must be received no later than July 31. Applications during the school year must be received at least three (3) days in advance. Only one (1) Special Busing Request per semester.

DATE OF APPLICATION_____ START DATE REQUESTED _____

STUDENT'S NAME _____ _____ _____
(Last Name) (First Name) (MI)

HOME ADDRESS _____ _____
(Street Address) (Apt. No.) (Town/Village and Zip Code)

HOME PHONE _____WORK PHONE _____ CELL PHONE _____

EMERGENCY CONTACT PERSON _____ PHONE_____

CURRENT BUS NUMBER _____ SCHOOL ATTENDING _____ GRADE _____

CLASSROOM TEACHER_____

Bus Transportation Request: Briefly describe where your child is to be picked up or dropped off. Only one (1) pick up/drop off location other than your home address may be designated. Location of the pickup/drop off must be within the attendance zone of the Depew UFSD and are subject to predetermined District bus stops.

DAY	PICK UP LOCATION	FOR TRANS. USE ONLY P/U LOCATION APPROVED	DROP OFF LOCATION	FOR TRANS. USE ONLY D/O LOCATION APPROVED
MON				
TUES				
WED				
THURS				
FRI				

PARENT/GUARDIAN SIGNATURE - **By signing below, I understand and acknowledge that, by designating a pick up or drop off location other than that which the District would normally assign my child(ren), I remain responsible for my child(ren)'s health, safety, and welfare up to, and upon, my child(ren)'s arrival at such location(s). By signing below, I hereby absolve and release the District of any liability that may arise, or become otherwise associated, with the locations I designate in this request.**

PARENT/GUARDIAN SIGNATURE _____ DATE _____

THIRD-PARTY SIGNATURE - (as requested by the District) **By signing below, I understand and acknowledge that I become responsible for the health, safety, and welfare of the student(s) named above, upon the student's arrival, either by the student's parent or the school bus, at the designated location. By signing below, I hereby absolve and release the District of any liability that may arise, or become otherwise associated, with the location(s) designated in this Request.**

Third-party SIGNATURE _____ DATE _____

SIGNATURE OF BLDG. ADMIN.	DATE

SIGNATURE OF TRANS. SPSVR.	DATE

WHITE TRANS YELLOW BLDG PRIN PINK DISTRICT OFFICE COPY TO BUS DRIVER