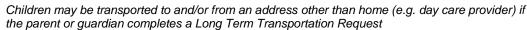
Long Term Transportation Request





III Name of Student: Date change is requested to beg			
The student for whom I am requesting transportation is years of age.			
Name of School Attending:			Grade:
Student resides at: (Address City, State Zip)			
Parent/Guardian Home Phone:			
Alternate Parent/Guardian Phone:			
If parent/Guardian cannot be reached:			
Contact Name: Contact Phone:			
Alternate Transportation Request Information			
Pick-up Location: (Address City, State Zip)	Phone Number: (Pick-up Location)		
Drop-off Location: (Address City, State Zip)	Phone Number: (Drop-off Location)		
Day Care Providers Name:			
FROM: Start Date (mm/dd/yyyy)	TO: End Date (mm/dd/y		<i>(</i> yy)
This request is made with full understanding that it must meet all guidelines set by the Transportation Department. This request must be approved by the Transportation Supervisor and the school principle. The Guidelines are found on the ESM Website			
Parent/Guardian Signature		Date	
Principal's Signature		Date	
Transportation Supervisor's Signature		Date	
To Be Completed By School Personnel			
**Approval has <u>not</u> been granted for the following reason(s)			Bus to School
			Bus after School

East Syracuse Minoa Central Schools

Transportation Center

7225 Central Ave East Syracuse, NY 13057 Questions? Call (315) 434-3460 Fax: (315) 434-3470