

Long Term Transportation Request



Children may be transported to and/or from an address other than home (e.g. day care provider) if the parent or guardian completes a Long Term Transportation Request

Full Name of Student: _____	Date change is requested to begin: _____
The student for whom I am requesting transportation is _____ years of age.	
Name of School Attending: _____	Grade: _____

Student resides at: <i>(Address City, State Zip)</i>
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: <i>(Address City, State Zip)</i>	Phone Number: <i>(Pick-up Location)</i>
Drop-off Location: <i>(Address City, State Zip)</i>	Phone Number: <i>(Drop-off Location)</i>
Day Care Providers Name:	
FROM: <i>Start Date (mm/dd/yyyy)</i>	TO: <i>End Date (mm/dd/yyyy)</i>

<i>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</i>	
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

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