

Transportation Request

Lyncourt Union Free School District 2707 Court Street, Syracuse, NY 13208

Questions? Call 315-455-7571 option 3,1 or ESM Transportation Center at 315-434-3460

Email: cmarchese@lyncourtschool.org Fax: 315-455-7573



Children may be transported to and/or from an address other than home within our district boundaries, such as a day care provider, if the parent or guardian completes this form. (PLEASE PRINT)

Student Name: _____ Date change is requested to begin: ____/____/____
Last, First

The student for which I am requesting transportation is _____ years of age.

Name of school attending: _____ Grade: _____

Student Resides at: _____
No. Street City Zip

Parent/Guardian Name: _____ Phone: _____

Alternate Phone: _____

If parent/guardian cannot be reached, Contact Name: _____

Contact Phone: _____

ALTERNATE TRANSPORTION REQUEST INFORMATION

New to District ← Check One → Change in transportation

Pick-up Location: _____
No. Street City Zip

Drop-off Location: _____
No. Street City Zip

Care Provider at location: _____ Phone at location: _____

FROM: (Start date): ____/____/____ TO: (End date): ____/____/____

Parent/Guardian Signature: _____ Date: ____/____/____

Note: A new transportation request form needs to be submitted each year and mailed to the transportation department at Lyncourt by August 15 otherwise Pick-up and Drop-off will be at the home bus stop. In case of an "Early Dismissal", we will need to know the address where you would like your child to be transported

FOR TRANSPORTATION USE ONLY

Approved Denied Reason: _____

Bus # _____ Pick-up Time: _____

Transportation Department Designee: Signature: _____ Date _____

Sent to ESM on _____ by (circle one) FAX EMAIL MAIL Copy to Lyncourt Business Office on _____