

Lyncourt Union Free School District

Solvay Transportation Department
2707 Court Street
Syracuse, NY 13208

Lyncourt Phone: 455.7571
Solvay Phone: 487.5842

Lyncourt Fax: 455.7573
Solvay Fax: 487.5857

Transportation Request Form
To start, update, or change student's transportation needs.

Today's date: _____

Student Name: _____ Male Female
Last First Middle Initial

Home Address: _____
No. Street

Age: _____ Grade: _____ School: _____

Parent/Guardian Home Phone Number: _____ Day Care Number: _____

Cell Phone Number: _____ Work Phone Number: _____

When would you like the change to take place? _____ (NOTE: 48 HRS. MINIMUM TO PROCESS)

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New To Our District: ← Check one → *Change in Transportation:*

AM Change:

Current Address: _____ New Address: _____

PM Change:

Current Address: _____ New Address: _____

Parent(s) Signature: _____ Print: _____

NOTE: A NEW TRANSPORTATION REQUEST FORM NEEDS TO BE FILLED OUT EVERY YEAR AND MAILED TO THE TRANSPORTATION DEPARTMENT BY AUGUST 15 OTHERWISE PICK UP AND DROP OFF WILL BE AT THEIR HOME.

NOTE: In case of an "Early Dismissal," we will need to know the address where you would like your child to be transported.

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FOR TRANSPORTATION USE ONLY

Approved Denied Reason _____

Transportation Department Designee: *Signature:* _____

Bus # _____ Pick-up Time: _____ Pick-up Location: _____