



**APPLICATION FOR SPECIAL TRANSPORTATION
ARRANGEMENT**

[] AM
[] PM

-----STUDENT INFORMATION-----

Student Name: _____ Grade: _____

Home Address: _____

Date Of Birth _____

School Attending: _____

Home Telephone Number _____ Work Telephone Number _____

DAY CARE INFORMATION

Name: _____

Address: _____

Start date: _____

Telephone# _____

I have read and agree to the regulations governing Special Transportation Arrangements
This application must be filed by July 15th of each school year.

Parent/Guardian Signature _____

-----OFFICE USE ONLY-----

Approved _____ Bus # _____ Start Date _____

Disapproved _____ Bus # _____ Transfer to: _____ at _____

Mail this completed application to
Transportation Department
Williamsville Central School District .
533 Mill St.
Williamsville, NY 14221
Fax: 716 626-8384