



2017-2018 BUFFALO BUS

\_\_\_\_\_  
Student's Last Name

**REQUEST FOR TRANSPORTATION TO A NON-PUBLIC SCHOOL**

I request transportation on the Buffalo bus for the following student(s) who will be attending **AURORA WALDORF SCHOOL, 525 West Falls Road, West Falls, New York 14170.**

From: \_\_\_\_\_  
(Local Public School District Name)

Student Name	Birthdate	Age	Grade
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please check days transportation is needed for:

Monday:	Tuesday:	Wednesday:	Thursday:	Friday:
____ 7:25am	____ 7:25am	____ 7:25am	____ 7:25am	____ 7:25am
____ 2:50pm	____ 2:50pm	____ 2:50pm	____ 12:15pm	____ 2:50pm

\_\_\_\_ We will only need to use the Buffalo bus once in a while, not on a regular basis.

Guardian's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Guardian's Name: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

Home Phone Number: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

**AWS OFFICE MUST RECEIVE ALL REQUESTS BY MARCH 15, 2017**