



2018-2019 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 18, 2018