



2019-2020 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)

Table with 4 columns: Student Name, Birthdate, Age, Grade. Includes four rows of blank lines for data entry.

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: