



# DEPEW UFSD 2026-2027 REQUEST FOR BUS TRANSPORTATION

This Form **MUST BE RETURNED** to request transportation and/or changes.

Return form to one of the following: 1. Registrar w/ Registration 2. Student's School  
3. Email : [transportation@depewschools.org](mailto:transportation@depewschools.org) 4. Mail to: 5201 Transit Rd. Depew, NY  
14043 Attn: Transportation Dept. **Please return by August 1, 2026**

Student's Name: \_\_\_\_\_ School Building: \_\_\_\_\_

Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Instructions: Use one (1) form per student. In the event your bus needs change during the year and/or you need transportation at any point, you may fill out a new request form.

**If we do not receive a form, your child will NOT be routed on a bus.**

### Student's Primary Residence

### Alternate Location (maximum one)

Parent/Guardian Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street: \_\_\_\_\_

Relationship: \_\_\_\_\_

City/Zip: \_\_\_\_\_

Street: \_\_\_\_\_

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

City/Zip: \_\_\_\_\_

Email: \_\_\_\_\_

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

### MORNING PICK-UP (circle days needed)

PARENT will Transport Every AM or M T W TH F  YMCA@Cayuga

PRIMARY Residence Every AM or M T W TH F M T W TH F

ALTERNATE Location Every AM or M T W TH F

### AFTERNOON DROP-OFF (circle days needed)

PARENT will Transport Every PM or M T W TH F  YMCA@Cayuga

PRIMARY Residence Every PM or M T W TH F M T W TH F

ALTERNATE Location Every PM or M T W TH F

Parent/Guardian Signature

Requested Start Date

Office Use Only

Date Received:

Date

Date

Date

AM Bus# \_\_\_\_\_ PM Bus # \_\_\_\_\_ Entered: \_\_\_\_\_ Notified: \_\_\_\_\_ School: \_\_\_\_\_ (5/26)

