

MADRID WADDINGTON CENTRAL SCHOOL
2582 STATE HIGHWAY 345
MADRID, NEW YORK 13660
315-322-5746

I am requesting transportation for my child _____

who attends Madrid Waddington **Elementary** or **High School** (please make sure you circle one or both):

Our home address is: _____.

I am requesting alternate transportation for **AM** and/or **PM** (please make sure you circle one or both):

Transport to:

Name: _____.

Phone number: _____.

Address: _____.

I understand that we must be eligible for transportation and the address we request must be eligible in order for this request to be considered for approval.

Please make sure form is completed properly for processing. This request expires at the end of each school year.

Parent/Guardian signature: _____.

Phone number: _____

Principal signature: _____.

Form forwarded to Transportation department for approval:

Approved _____ Rejected _____ Date _____