## **CORNWALL CENTRAL SCHOOL DISTRICT**

## REQUEST TO DECLINE TRANSPORTATION SERVICES FORM

Bus service may be re-established at any time by completing an updated transportation request form. It may take 2 business days to complete the request and it will be the parent/guardian's responsibility to transport during this time.

Today's Date:	SCHOOL YEAR:		START DATE:
Student's Name:		Grade:	School:
Student's Name:		Grade:	School:
Student's Name:		Grade:	School:
Student's Name:		Grade:	School:
Student's Name:		Grade:	School:
A.M. TRANSPORTATION NO	T NEEDED	<u>P.M. TR</u> A	ANSPORTATION NOT NEEDED
Check Days:		Check Day	ys:
ALL		ALL	
Mon TuesWed	_ThursFri	Mon	TuesWedThursFri
Parent / Guardian's Signature:			Date:
ļ	<b>Return to: Transpor</b> PH: 845-534-8009 x710 Email address: <u>transportati</u>	0 FAX: 845-534	4-9032
FOR OFFICE USE ONLY: NEW STUDEN	T: (YES OR NO) STUDE	ENT ID#:	WPT Notified:
A M RUS RUN #· Stop Lo	cation: P	M BUS BUN #	Ston Location: