



**UTICA COMMUNITY SCHOOLS
TRANSPORTATION DEPARTMENT
WAIVER OF TRANSPORTATION SERVICES CONSENT FORM**

Each year seats are reserved for large numbers of students eligible for transportation who never utilize the available service. In an effort to reduce operating costs and improve efficiency, if your student is eligible and **will not** be utilizing to and from school bus transportation for the coming school year, please complete this form and return to your school office or to the address listed above.

PLEASE PRINT

DATE COMPLETED _____ **SCHOOL YEAR** _____

SCHOOL _____

LAST NAME _____ **FIRST NAME** _____

ADDRESS _____

BIRTH DATE _____ **YEAR OF GRADUATION** _____

My child will not require transportation at the following times:

A.M. _____ **P.M.** _____

By signing this waiver, the above-named student will not be assigned to bus transportation for the stated school year.

Parent/Guardian Signature _____ **Date** _____

If during the school year, transportation service is required, arrangements can be made by contacting the Transportation Department.

If you have any questions regarding this form, please contact the Transportation Department at 586-797-7100.
Thank you for cooperation.