



**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.