



**ROMEO COMMUNITY SCHOOLS  
TRANSPORTATION DEPARTMENT  
WAIVER OF TRANSPORTATION SERVICES FORM**

399 SISSON ST  
ROMEO, MI 48065  
PHONE: 586-752-2067  
FAX: 586-752-0414

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:

NO AM PICK UP \_\_\_\_\_ NO NOON PICK UP \_\_\_\_\_ NO PM PICK UP \_\_\_\_\_

*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. Please allow 5 days for changes to take effect.**

If you have any questions regarding this form, please contact the Transportation Department at 586-752-0267. Thank you for your cooperation.