



**VESTAL CENTRAL SCHOOL DISTRICT  
TRANSPORTATION DEPARTMENT**

**Cancellation for Transportation Request & Authorization  
for Students in Care of a Child Sitter**

As the Parent(s) or Legal Guardian(s) of \_\_\_\_\_

we hereby request cancellation of child sitter transportation and request transportation to resume at the child's Legal Residence.

**Address:** \_\_\_\_\_

**Home Phone:** \_\_\_\_\_ **Emergency Phone:** \_\_\_\_\_

**Bus Route:** \_\_\_\_\_ **Stop Location:** \_\_\_\_\_

**Signature of Parent/Guardian:** \_\_\_\_\_

**Date Submitted:** \_\_\_\_\_

**Principal's Signature:** \_\_\_\_\_ **Date** \_\_\_\_\_

**Transportation Director:** \_\_\_\_\_ **Date** \_\_\_\_\_

Kenneth M. Starr

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**COPIES:** Transp. ☐ School ☐ Driver ☐

Please return completed form(s) at your earliest convenience to Transportation, FAX NO. 607-757-3438, OR deliver to Vestal Transportation Building, 287 Woodlawn Drive, next to the Vestal High School parking lot.