Pass Request Detail Form 2025-2026 School Year

**Form No**.:

**(for RTS Use Only)**

Requesting Entity: Transportation Department

**Contact Name:**  Lisa A. Seiler

Phone:

 585-336-4180

**Email Address:**  lisa.seiler@rcsdk12.org

End User (Program):

School/ Department:

Contact Name:

Phone:

Email Address:

**Charge Back Code: PO Number (*Must be provided for order to proceed*.):**

Type of Pass Requested and Quantity (All Day/ One Ride/ 31-Day):

|  |  |
| --- | --- |
| **Pass Type** | **Quantity** |
| **One Ride** |  |
| **All Day** |  |
| **31-Day** |  |

Intended Use for Passes:

|  |  |
| --- | --- |
| **Pass Type** | **Intended Use** |
| **One Ride** |  |
| **All Day** |  |
| **31-Day** |  |

Event Date (*if applicable*) or Ongoing Use (i.e., sports/ late arrival/ early dismissal)

Planned Travel Time(s):

Destination(s):

Projected Number of Students Traveling per Day:

Ship and Bill Detail:

**All orders will be billed and shipped to the following location:**

***Rochester City School District Transportation Department (Attn: Lisa Seiler) 835 Hudson Avenue, Bldg. 1***

***Rochester, NY 14621***