

CENTRAL SCHOOL DISTRICT

Pupil Transportation Department

TEL 518-884-7140

Received By: ___

FAX 518-602-0257

TRANSPORTATION CHANGE REQUEST FORM

This form must be completed on an annual basis by *June 1st*. It must be completed for students needing district transportation to a daycare provider or for joint custody arrangements before and/or after school on a regular basis. Transportation to a daycare center (if seating is available) may require a longer bus ride and/or a bus transfer at another elementary school. The District <u>does not</u> provide transportation to a student's worksite for job purposes.

Submit this form to the transportation department at the address above in person, by US Mail, or it may be given to your child's school office for delivery to the Transportation Department. Once the form is received by Transportation, please allow 3-5 days for changes to occur if during the school year.

PLEASE NOTE: If your child(ren) will be transported to and from your home address, you do NOT need to fill out this form.

| | TO BE COMPLETED BY PARENT/ | CHARDIAN | 1 | |
|--|-----------------------------------|-------------|--------------------|-------------|
| | (PLEASE PRINT) | GUARDIAN | ı | |
| Student Name(s): | Grade | e: : | School: | |
| Home Address: | City: | | | |
| Parent/Guardian: | Phone: | (H) | (W) | (Cell) |
| I request that my child(ren) be transpo | rted to the location listed below | beginning- | Date:// | |
| Check one for AM Pick-Up: | Home I | Daycare | Alternative Reside | nce |
| Check one for PM Drop-Off: | Home I | Daycare | Alternative Reside | nce |
| | | | | |
| Stude | nt's Daycare Provider, Joint Cus | tody Inforn | nation | |
| Provider/Joint Custody Name: | | | Phone # | |
| Street Address: | City: | | | |
| Comments: | | | | |
| | | | | |
| I have read and understand the above is must submit this form by <u>June 1st</u> of e | • | | • | rstand that |
| Parent/Guardian Signature: | | | Date: / | / |
| FOR T | RANSPORTATION DEPARTM | MENT USE | ONLY | |
| ApprovedDenied | Effective Date/ | / | Date Sta | mp Here |
| AM Bus Number: | Animal Character: | | | |

Animal Character: __

Original: Transportation Dept

PM Bus Number: