

Office Information

Today's Date _____

School Attending _____

Start Date _____

Address _____

New Student _____

Contact Person
@ School _____

**Catskill Central School District
Request for Transportation**

Student ID # _____

Student's Name _____ DOB _____
(First name) (Last Name) (Date of Birth)

Parent/Guardian's Name _____ Grade _____

Home Phone # _____ Work # _____ Cell# _____

Physical Street Address _____ (911)
Assigned Address (House Number) (Street) (Town) (Zip)

Mailing Address _____
(Only if different than Physical Address)

Pick up & Drop off Location if known _____

Closest Intersection _____ Start Date _____

Emergency Dismissal Instructions: (Inclement Weather etc.) _____

A copy of this form will be provided to the school and to the contractor. Please verify the information and accuracy. Additional forms are available at the schools and the Business Office.

Forward this form to Bill Muirhead or Tricia Barrett at the Middle School Main Office and transportation will be set up. This form should be filled out for all transportation students including special education and students transported outside of the Catskill district. The forms should be received by April 1st for the transportation for the following year.

Once the school year has started, the form should be distributed at least four days prior to when transportation is to begin.

Contractor: _____ Bus Route # _____ Pickup Time _____

Copies to school: _____ Transportation _____ Contractor: _____