

\_\_\_\_\_ **Check appropriate line**

Today's Date \_\_\_\_\_

High School \_\_\_\_\_

New Student \_\_\_\_\_

Middle School \_\_\_\_\_

Change of Information \_\_\_\_\_

Elem. School \_\_\_\_\_

**Please print clearly** \_\_\_\_\_ **New information**

Start Date \_\_\_\_\_

## 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** \_\_\_\_\_

**Special instructions: (Such as aides, car seats, directions, ect.) or additional instructions:**

**Emergency Dismissal Instructions: (Inclement Weather ect.)** \_\_\_\_\_

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 Kathy Bruno 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 1<sup>st</sup> 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.

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**Contractor:** \_\_\_\_\_ **Bus Route #** \_\_\_\_\_ **Pickup Time** \_\_\_\_\_

**Copies to school:** \_\_\_\_\_ **Transportation** \_\_\_\_\_ **Contractor:** \_\_\_\_\_