

Adirondack Central School

Transportation Department

OFFICE USE ONLY	Student ID#: _____
20____ - 20____	Grade: _____
	Start date: _____
	Bus Assigned to: _____
	AM_____ PM_____

Transportation Request

(Separate form per student)

Student Name: _____ Grade: _____

BLDG: _____
(BE, WL, MS, HS, CSE)

Teacher: _____
(Elementary Only)

Address: _____
(Address where child resides)

Village/Town: _____

SCHEDULE - CHECK ALL THAT APPLY

Busing

AM =Mon. =Tue. =Wed. =Thu. =Fri.

PM =Mon. =Tue. =Wed. =Thu. =Fr.

Parent Transport

AM =Mon. =Tue. =Wed. =Thu. =Fri.

PM =Mon. =Tue. =Wed. =Thu. =Fri.

None Required

Walker

AM =Mon. =Tue. =Wed. =Thu. =Fri.

PM =Mon. =Tue. =Wed. =Thu. =Fri.

If your child will be dropped off and/or picked up at a location other than the above address location on a regular basis, please list name of person responsible, **relationship, address, and schedule. **Days that are NOT noted, the pickup and drop off location will be the student's home address.**

ALTERNATE ADDRESS MUST BE WITHIN THE HOME SCHOOL BOUNDARIES

Relationship: Grandparent _____ **Sitter** _____ **Other** _____

Name: _____ Home#: _____ Cell#: _____

Address: _____

AM =Mon. =Tue. =Wed. =Thu. =Fri.

PM =Mon. =Tues. =Wed. =Thu. =Fri.

*** IMPORTANT NOTICE ***

ALL CHANGES ARE TO BE MADE IN THE FORM OF A WRITTEN NOTE
CHANGES TO THIS TRANSPORTATION REQUEST MUST BE RECEIVED BY THE SCHOOL OFFICE BY
9:00 AM. CHANGES CALLED IN BY PHONE ARE NOT GUARANTEED TO BE PROCESSED IN TIME
FOR DISMISSALS.