



Request for Transportation

This form should be filled out for all transportation requests. If this is for out of district transportation you will need to complete additional forms which must be submitted by April 1st for transportation in the following school year.

Today's Date: _____ School Attending: Elementary Middle School High School

Student Name: _____
(Last Name) (First Name) (Middle)

Is this a new student? YES NO Grade: _____ Date of Birth: ____/____/____

Parent/ Guardian Name: _____ Telephone #: _____

Physical Street Address: _____
(911 Address) (Do not use P.O. Box or R.R.)

Home Childcare Days of the week: (Circle all that apply) Mon Tue Wed Thu Fri

Pick-Up Location: _____

Name/ (if different from above) _____ Relationship to Student: _____

Telephone Number: _____ Closest Intersections: _____

Home Childcare Days of the week: (Circle all that apply) Mon Tue Wed Thu Fri

Drop-Off Location: _____

Name/ (if different from above) _____ Relationship to Student: _____

Telephone Number: _____ Closest Intersections: _____

Emergency Dismissal Instructions:

****Please note that the Catskill Central School District has a 1 mile walk zone policy for grades 6-12****

Completed form must be returned to the Transportation Department and you will be contacted with Transportation arrangements. New residents have 30 days following proof of residency to submit this request.

Please read statement below, then sign and date:

I am aware of and understand all information contained on this document. I also am aware that it is the responsibility of the parent, guardian, and/or day care provider to insure safe travel of the students to and from the assigned bus stop.

(Parent signature)

(Date)