



Request for In-District Transportation

Please use this form for In-District transportation to CES, CMS or CHS

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)

Home Childcare

Pick-Up Location: _____

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

Telephone Number: _____ Closest Intersections: _____

Home Childcare

Drop-Off Location: _____

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

Telephone Number: _____ Closest Intersections: _____

****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 sign and date to acknowledge that it is the responsibility of the parent, guardian, and/or day care provider to ensure safe travel of the students to and from the assigned bus stop.

(Parent signature)

(Date)