

Phoenix Central School District
 Transportation Department
 Phone: 315-695-1551 Fax: 315-695-3100
 Email: pcsdtransportation@phoenixcsd.org
STUDENT TRANSPORTATION REQUEST FORM

Child's Name _____ Date of Birth _____ Grade _____
 Child's Name _____ Date of Birth _____ Grade _____
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Parent/Guardian Information and Student's HOME Address:
 Name _____ Phone _____
 Address _____ Phone _____

DAILY TRANSPORTATION Please circle the pick-up and drop off schedule below

	Monday	Tuesday	Wednesday	Thursday	Friday
Pick Up	Home	Home	Home	Home	Home
	Babysitter	Babysitter	Babysitter	Babysitter	Babysitter
	None	None	None	None	None
Drop Off	Home	Home	Home	Home	Home
	Babysitter	Babysitter	Babysitter	Babysitter	Babysitter
	None	None	None	None	None

BABYSITTER information (must be contact in student's school tool account and must be within district boundaries):

Babysitter Information:
 Name _____ Phone _____
 Address _____ Phone _____

Scheduled Early Dismissal (1/2 day) information:
 Name _____ Phone _____
 Address _____ Phone _____

Emergency Closing information:
 Name _____ Phone _____
 Address _____ Phone _____

CERTIFICATION: I have read and understand the policies and procedures as stated above and consent to having my child transported as I have indicated on this form for the duration of the school year. If I wish to make adjustments to this schedule, I will resubmit this Student Transportation form no less than 2 days prior to the requested transportation schedule change. Any changes to a student schedule must be in writing.

This schedule is valid for ONE SCHOOL YEAR.

Parent's Signature _____ Date: _____