

Phelps-Clifton Springs Central School District
Transportation Department
2117 State Route 96 Clifton Springs, NY 14432
Fax: 315-548-6409 Phone: 315-548-6400
2020-2021 Transportation Information
SPECIAL COVID-19 FORM (Grades 6-12)

Instructions: Please submit one form per child.

Complete the sections of this form that apply to your child.

This request must be received at the transportation office no later than October 15, 2020.

This form may be returned to the Transportation Department in person during regular business hours, by mail, fax or email.

Student Information:

Student Name: _____ Grade: _____ School: _____

Home Address: _____ Home Phone#: _____

Parent/Guardian Signature: _____

Morning Pick Up Information:

Start Date: _____ UNKNOWN _____

No AM Transportation Needed check box

YES, Transportation Needed: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

PICKUP LOCATION: _____

Afternoon Drop Off Information:

Start Date: _____ UNKKNOWN _____

No PM Transportation Needed check box

YES, Transportation Needed: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

DROP OFF LOCATION: _____
