

Phelps-Clifton Springs Central School District

Transportation Department

2117 State Route 96 Clifton Springs, NY 14432

Fax: 315-548-6409 Phone: 315-548-6400

2019/2020 Annual Transportation Request

For Transportation To/From a Day Care Provider or Alternate Site

Instructions: Please submit one form per child.

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

Only two pick up and two drop off locations will be accepted.

This request must be received at the transportation office no later than June 1, 2019.

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

Student Information:

Student Name: _____ Grade: _____ School: _____

Home Address: _____ Home Phone#: _____

In Case of Emergency, Contact _____ Phone # _____

Parent/Guardian Signature: _____

In the event of an Emergency Dismissal, I would like my child transported to: Home Childcare

When School Is Scheduled for a Half-Day, I would like my child transported to: Home Childcare

Morning Pick Up Information:

Start Date: _____

Home check box _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

No AM Transportation Needed check box

AM Location #1: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Provider: _____ Telephone: _____

Address: _____

AM Location #2: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Provider: _____ Telephone: _____

Address: _____

Afternoon Drop Off Information:

Start Date: _____

Home check box _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

No PM Transportation Needed check box

PM Location #1: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Provider: _____ Telephone: _____

Address: _____

PM Location #2: _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

Provider: _____ Telephone: _____

Address: _____