

Phelps-Clifton Springs Central School District

Transportation Department
2117 State Route 96
Clifton Springs, NY 14432
Fax: 315-548-6409

2019/2020 Annual Transportation Application

Private / Parochial and Charter Schools

DIRECTIONS:

1. Your child must be school age to be eligible for transportation (age 5 by December 1st of the year of this request)
2. **A separate form must be used for each child**
3. Kindergarten students please indicate AM/PM or Full day session
4. Forms must be received, **Per NYS Education Law, no later than April 1st of the preceding school year**
5. Allow 5 business days for processing
6. Fax copies will be accepted

School: _____ Grade: _____ Start Date: _____

Students Name: _____
Last Name First Name M F

Date of Birth: _____

Parent/Guardian Info:

Name Home Address Home # Cell #

Child Care Provider: (if applicable)

Name Address Contact#

Place a check (✓) in the appropriate boxes. You must make a selection for each day of the week for both Pick Up and Drop Off

BEFORE SCHOOL PICK UP

	Home	Child Care	No Transport
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

AFTER SCHOOL DROP OFF

	Home	Child Care	No Transport
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			

My signature certifies that I am the parent/legal guardian of the above student and authorized to request transportation to/from the location (s) listed above. I verify that the student resides with me at the address indicated.

Date

Signature of Parent/Guardian