

**CORNWALL CENTRAL SCHOOL DISTRICT**  
**SCHOOL TRANSPORTATION REQUEST FORM – PUBLIC SCHOOL**

Today's Date: \_\_\_\_\_ SCHOOL YEAR: \_\_\_\_\_ START DATE: \_\_\_\_\_

Student's Name: \_\_\_\_\_

DOB: \_\_\_\_\_ First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_ Gender: \_\_\_\_\_ M \_\_\_\_\_ F

Home Address: \_\_\_\_\_  
(Street address, city, state, zip code)

Mailing Address (if different from above): \_\_\_\_\_  
(Street address, city, state, zip code)

Parent/ Guardian Name(s): \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell/Work: \_\_\_\_\_

Email: \_\_\_\_\_

School: HS MS CES WAE COH Grade: \_\_\_\_\_

NEW STUDENT  NEW ADDRESS (**SEE BELOW**)  NEW CHILDCARE  CHANGE IN SCHOOL

OTHER (please explain): \_\_\_\_\_

**CHANGE OF ADDRESS WILL REQUIRE PROOF OF RESIDENCY AND MUST BE PRESENTED TO:**  
**Central Registrar, Crystal O'Brien** PH: 845-534-8009 x7803 Email address: [cobrien@cornwallschools.com](mailto:cobrien@cornwallschools.com)

**REQUEST:**

- \_\_\_\_\_ Transportation to/from **HOME** address.
- \_\_\_\_\_ Transportation with **CHILDCARE** arrangements.
- \_\_\_\_\_ **WALKER/PARENT TRANSPORT** - transportation not required.

**CHILDCARE TRANSPORTATION (within CCSD)**

**A.M. PICK UP:**

Check: \_\_\_ Home \_\_\_ Childcare Provider \_\_\_ Walker

Providers Name: \_\_\_\_\_

Providers Address: \_\_\_\_\_

Providers Phone: \_\_\_\_\_

**Days:** \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri

**P.M. DROP OFF:**

Check: \_\_\_ Home \_\_\_ Childcare Provider \_\_\_ Walker

Providers Name: \_\_\_\_\_

Providers Address: \_\_\_\_\_

Providers Phone: \_\_\_\_\_

**Days:** \_\_\_ Mon \_\_\_ Tues \_\_\_ Wed \_\_\_ Thurs. \_\_\_ Fri

Does your child have any medical concerns we should know about, ie, allergies, etc.? Please explain:

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Return to: Transportation Coordinator**

PH: 845-534-8009 x7100 FAX: 845-534-9032 Email address: [transportation@cornwallschools.com](mailto:transportation@cornwallschools.com)

**\*\* PLEASE NOTE TRANSPORTATION CHANGES TAKE APPROX 48 HOURS or longer during the first week of school\*\***

<b>FOR OFFICE USE ONLY:</b> NEW STUDENT: _____ (YES OR NO) STUDENT ID#: _____ Parent Notified: _____			
BUS RUN #: _____	A.M. P/U TIME: _____	Location: _____	P.M. D/O TIME: _____ Location: _____