

CORNWALL CENTRAL SCHOOL DISTRICT
SCHOOL TRANSPORTATION REQUEST FORM – PRIVATE SCHOOL

Today's Date: _____ SCHOOL YEAR: _____ START DATE: _____

Student's Name: _____
First Middle Last

DOB: _____ Gender: _____ M _____ F

School: _____ Grade: _____

School Address: _____
(Street address, city, state, zip code)

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

Parent/ Guardian Name(s): _____

Home Phone: _____ Cell/Work: _____

Email: _____

NEW SCHOOL YEAR NEW STUDENT NEW ADDRESS (see residency note below) NEW CHILDCARE

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

REQUEST: (CHECK ONE)

Transportation to/from **HOME (or DAYCARE within CCSD)**.

Transportation to/from authorized **CENTRALIZED PICK UP POINT**.

PARENT TRANSPORT - transportation not needed.

PARENT TRANSPORT – not eligible for transportation, nonpublic school is greater than 15 miles from residence.

CHILDCARE TRANSPORTATION (WITHIN CCSD ONLY):

<p>A.M. PICK UP:</p> <p>Check: ____ Home ____ Childcare Provider</p> <p>Providers Name: _____</p> <p>Providers Address: _____</p> <p>Providers Phone: _____</p> <p>Days: ____ Mon ____ Tues ____ Wed ____ Thurs. ____ Fri</p>	<p>P.M. DROP OFF:</p> <p>Check: ____ Home ____ Childcare Provider</p> <p>Providers Name: _____</p> <p>Providers Address: _____</p> <p>Providers Phone: _____</p> <p>Days: ____ Mon ____ Tues ____ Wed ____ Thurs ____ Fri</p>
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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

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