

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

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

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

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