

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):

A.M. PICK UP:

Check: ___ Home ___ Childcare Provider

Providers Name: _____

Providers Address: _____

Providers Phone: _____

Days: ___ Mon ___ Tues ___ Wed ___ Thurs. ___ Fri

P.M. DROP OFF:

Check: ___ Home ___ Childcare Provider

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

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: _____