

**CALEDONIA-MUMFORD CENTRAL SCHOOL**  
REQUEST FOR TRANSPORTATION TO/FROM HOME OR CHILD CARE PROVIDER

DIRECTIONS: PLEASE PRINT

1. Changes in transportation arrangements will only be permitted on November 1 and April 1 each year. If a change is absolutely necessary due to an emergency situation, a new form must be completed and sent to the Elementary Office for approval by the principal. The form will then be forwarded to the Transportation Department to implement the change. ALLOW AT LEAST 2 SCHOOL DAYS AFTER THE REQUEST IS RECEIVED FOR CHANGES TO BE EFFECTIVE. Transportation changes must be written; telephone calls cannot be accepted.
2. Complete a form for each child (K-5) requesting transportation, even if pick up/drop off location is your home address. Forms may be faxed to (585)538-3460.
3. Child care sites must be located within Caledonia-Mumford School District boundaries.
4. Copies of this form are located on the District Website, [www.cal-mum.org](http://www.cal-mum.org) (click on Elementary School) or in the Elementary School Office.

EFFECTIVE DATE: \_\_\_\_\_

TEACHER NAME & GRADE: \_\_\_\_\_

CHILD'S FIRST & LAST NAME: \_\_\_\_\_

PARENT'S NAME: \_\_\_\_\_  
(IF LAST NAME IS DIFFERENT THAN CHILD'S, PLEASE STATE)

HOME PHONE: \_\_\_\_\_

PARENT'S EMPLOYER: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

CELL PHONE: \_\_\_\_\_

EMERGENCY REQUEST DUE TO THE FOLLOWING:  
(IF NOT AT THE START OF THE SCHOOL YEAR)

**MORNING PICK UP INFORMATION**

Location #1 -- Home

Circle Days    M    T    W    TH    FR

Street Address, Include Town & Zip Code

\_\_\_\_\_  
\_\_\_\_\_

Location #2 – Childcare Provider

Circle Days    M    T    W    TH    FR

Street Address, Include Town & Zip Code

\_\_\_\_\_  
\_\_\_\_\_

**AFTERNOON DROP OFF INFORMATION**

Location #1 -- Home

Circle Days    M    T    W    TH    FR

Street Address, Include Town & Zip Code

\_\_\_\_\_  
\_\_\_\_\_

Location #2 – Childcare Provider

Circle Days    M    T    W    TH    FR

Street Address, Include Town & Zip Code

\_\_\_\_\_  
\_\_\_\_\_

**OFFICE USE ONLY**

**BUILDING PERSONNEL**

Approved By \_\_\_\_\_

Date \_\_\_\_\_

**TRANSPORTATION DEPARTMENT**

Approved By \_\_\_\_\_

Date \_\_\_\_\_

AM BUS # \_\_\_\_\_ / \_\_\_\_\_

PM BUS # \_\_\_\_\_ / \_\_\_\_\_