

CALEDONIA-MUMFORD CENTRAL SCHOOL
99NORTH STREET, CALEDONIA, NY 14423
TRANSPORTATION REQUEST FORM

2020-2021

FORM MUST BE SUBMITTED BY 4/1/2020

PHONE: 538-3406, 538-3412 FAX: 538-3424

Student's Name: _____
Student's Name: _____
Student's Name: _____

Grade: _____
Grade: _____
Grade: _____

PARENT'S E-MAIL ADDRESS:

Caledonia-Mumford Central School transportation services shall be provided to meet the needs of the students of the District within specified limits and areas established by the Board of Education. All students, grade kindergarten through five are eligible to be transported to school and returned by district transportation. All students, grades six through twelve, living more than 1 ½ miles from the school are eligible to be transported to school and returned by district transportation. Any student in grades 6 through 12, living less than 1½ miles from the school they attend, may be furnished transportation upon the presentation of a doctor's request for their transportation due to a health need.

AVAILABLE OPTIONS

- Option #1 My child/children will need transportation therefore: I have filled out both the pick-up and drop-off portions of this form on the reverse side. I understand that all daycare locations must be within the school district.

- Option # 2 My child/children will not need transportation every day: I would like them placed on AM Will Call status. I will contact the Transportation Dept. at 538-3412 by 6:00 on the morning they will need a ride to school.

- Option # 3 My child/children will not need transportation; they will be transported or will walk to school. Please remove them from the bus routes.

Parent's Name: (Printed) _____ Email address: _____

Signature of Parent/s or Legal Guardian/s; _____ Date Completed _____

Copies of this form are located at www.cal-mum.org (Click on Downloadable Forms Link)

Note: Please complete the entire form any time a change is submitted. Thank you for your cooperation.

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

ALLOW 2 SCHOOL DAYS AFTER
TRANSPORTATION RECEIVES THE FORM
FOR THE CHANGE TO BE EFFECTIVE

Effective Date _____

PICK-UP – COMPLETE FOR ALL CHILDREN (ENTER EITHER HOME ADDRESS OR CHILD CARE ADDRESS)

If your child/ren have more than one pick up location during the week, please complete both addresses in this section.

On: All Week Mon Tues Wed Thurs Fri

My child/ren should be **picked up** at:

NAME ADDRESS PHONE

On: All Week Mon Tues Wed Thurs Fri

My child/ren should be **picked up** at:

NAME ADDRESS PHONE

DROP-OFF – COMPLETE FOR ALL CHILDREN (ENTER EITHER HOME ADDRESS OR CHILD CARE ADDRESS)

If your child/ren have more than one drop off location during the week, please complete both addresses in this section.

On: All Week Mon Tues Wed Thurs Fri

My child/ren should be **dropped off** at:

NAME ADDRESS PHONE

On: All Week Mon Tues Wed Thurs Fri

My child/ren should be **dropped off** at:

NAME ADDRESS PHONE

For Office Use Only

Updated Transfinder

Initial/Date

For Office Use Only

If change eliminated a stop, the stop was deleted

Initial/Date