

PINE PLAINS CENTRAL SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

2020-2021 School Year

Annual Request for Transportation – **Contingent on school buildings opening**

Note: To be eligible for transportation, children must be at least four (4) years of age and resident of the school district. Bus stop exceptions may be requested, but are not guaranteed. If a change needs to be made during the school year, an additional transportation request form must be filled out and submitted to the Transportation Department no less than two weeks prior to the effective date. All changes are subject to approval and are not guaranteed. It is your responsibility to provide accurate information so that the district can schedule routes and determine capacity and budgetary needs. Any address change or new applicants may require proof of residency. All routes are subject to changes for safety and efficiency throughout the year. Masks are to be worn on buses.

SCHOOL OF ATTENDANCE (circle one)	Stissing Mtn JR/SR HS	Seymour Smith ILC	Cold Spring ELC
TRANSPORTATION REQUEST (circle one)	AM ONLY	PM ONLY	BOTH

STUDENT INFORMATION

Last Name _____ First _____ MI _____ Date of Birth _____

Street Address _____ Student Grade for 2020/2021 _____

City _____ State _____ Zip _____ M F

Parent/Guardian Names: Mother _____ (Please Print) Father _____ (Please Print)

Home Phone: (____) _____ Mother's Work #: (____) _____ Mother's Cell #: (____) _____

Home Phone: (____) _____ Father's Work #: (____) _____ Father's Cell #: (____) _____

Email Address 1. _____ 2. _____

Alternate Location Information

Please check the boxes below to indicate which day(s) your child will be at the alternate location. Bus stop exceptions may be requested, but **are NOT guaranteed**.

Monday AM Tuesday AM Wednesday AM Thursday AM Friday AM

Address: _____

Contact Name: _____

Contact Phone #: _____

Monday PM Tuesday PM Wednesday PM Thursday PM Friday PM

EMERGENCY CONTACT – OTHER THAN PARENT OR LEGAL/CUSTODIAL GUARDIAN

Contact Name: _____ Relationship to Student: _____

Home Phone #: (____) _____ Work Phone #: (____) _____ Cell Phone #: (____) _____
Friend, neighbor, other

Signature of Parent/Guardian: _____ Date _____

FOR DISTRICT TRANSPORTATION USE ONLY

Received By: _____

Reason: _____ Request (circle one): APPROVED DENIED

Signed: _____ Supervisor of Transportation

SUBMIT COMPLETED FORM TO:

Pine Plains Central School District
Transportation Department
2829 Church Street
Pine Plains, NY 12567

Phone: (518) 398-3000 ext. 3115
Fax: 518-398-1140
E-mail: bus.routes@ppcsd.org

TRANSPORTATION **WILL NOT** BE PROVIDED TO STUDENTS UNLESS A REQUEST FORM IS SUBMITTED.