

# PINE PLAINS CENTRAL SCHOOL DISTRICT

## TRANSPORTATION DEPARTMENT

2021-2022 School Year

### Annual Request for Transportation

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 #: (\_\_\_\_) \_\_\_\_\_  
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.