

Student Transportation Request Form 2021 - 2022

FOR TRANSPORTATION USE

Copied Date: _____

- Entered Traversa
 Entered Schooltool
 Driver's Route

This application must be returned no later than **August 20, 2021**

To:

Marion Central School District
Transportation Department
 4048 Park Dr., Marion, NY 14505
slochner@marioncs.org / mdelrossa@marioncs.org
 (315) 926-2436

SCHOOL: _____

GRADE: _____

STUDENT'S NAME:

LAST Name

FIRST Name

Date of Birth

Parent/Guardian:

Father's Name & Mother's Name (include both if applicable)

(OR Guardian Name)

Home Phone #
(including area code)Mother/Guardian Cell Phone
(including area code)Father/Guardian Cell Phone
(including area code)Mother/Guardian Work Phone
(including area code)Father/Guardian Work Phone
(including area code)

House Number / Street Name

Town

State

Zip Code

Please fill in the boxes below to indicate where your child will be picked up and dropped off: This must remain consistent throughout the remainder of the school year!

The pickup and drop off point:

Only one alternate address with a permanent schedule will be allowed at this time as contact tracing is a requirement.

PICK UP/ DROP OFF

	Home	Day Care	Day Care Provider Name	Address	Home Phone #	Cell #	Permission to pickup
Mon thru Fri							

If any of the above information changes during the school year, a new form must be completed. Forms can be picked up and dropped off at the school offices and/or via email. Please allow five (5) days for changes to become effective. I hereby authorize the Marion Central School District to transport my child to/from the locations listed above.

Date

Signature of Parent/Guardian

PLEASE NOTE: Forms MUST be submitted to the Transportation Department every school year!