

A NEW FORM MUST BE COMPLETED YEARLY FOR ALL ELEMENTARY STUDENTS

CALEDONIA-MUMFORD CENTRAL SCHOOL

REQUEST FOR TRANSPORTATION TO/FROM HOME OR CHILD CARE PROVIDER

1. Every child in the elementary school must have a transportation request on file, even if pick up/drop off location is your home address. If a form is not received by the August deadline, pick-up/drop off will be at the home address. Forms may be faxed to (585)538-3424. **Please use one form per student.**
2. Changes in transportation arrangements are 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 school 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 can not be accepted.
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 (Click on Forms) or in the school offices.

PLEASE PRINT

DATE OF REQUEST: _____ EFFECTIVE DATE FOR CHANGE: _____ GRADE _____

CHILD'S FIRST & LAST NAME: _____

PARENT'S NAME: _____ HOME PHONE: _____
(IF LAST NAME IS DIFFERENT THAN CHILD'S, PLEASE STATE)

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 Name _____

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 Name _____

Circle Days M T W TH FR

Street Address, Include Town & Zip Code

OFFICE USE ONLY

BUILDING PERSONNEL

Approved By _____

Date _____

7/1/09

TRANSPORTATION DEPARTMENT

Approved By _____

Date _____

AM BUS # _____ / _____

PM BUS # _____ / _____