CORNWALL CENTRAL SCHOOL DISTRICT
SCHOOL TRANSPORTATION REQUEST FORM – PUBLIC SCHOOL

Today’s Date: ___________________ SCHOOL YEAR: ____________________ START DATE: ______________

Student’s Name: ________________________________________________________________________________
First    Middle    Last
DOB: _______________________       Gender: _______ M _______ F

Home Address: ________________________________________________________________________________
(Street address, city, state, zip code)

Mailing Address (if different from above): _____________________________________________________________
(Street address, city, state, zip code)

Parent/ Guardian Name(s): ________________________________________________________________________

Home Phone: _____________________________   Cell/Work: _____________________________________________

Email: _________________________________________________________________________________________

School:     HS MS CES WAE COH Grade: _________________

□ NEW STUDENT  □ NEW ADDRESS (SEE BELOW)  □ NEW CHILDCARE  □ CHANGE IN SCHOOL

OTHER (please explain): _________________________________________________________________________

CHANGE OF ADDRESS WILL REQUIRE PROOF OF RESIDENCY AND MUST BE PRESENTED TO:
Central Registrar, Crystal O’Brien PH: 845-534-8009 x7803 Email address: cobrien@cornwallschools.com

REQUEST:
________ Transportation to/from HOME address.
________ Transportation with CHILDCARE arrangements.
________ WALKER/PARENT TRANSPORT - transportation not required.

CHILDCALLUARE TRANSPORTATION (within CCSD)

A.M. PICK UP:________  P.M. DROP OFF:________

Check: ____Home ____Childcare Provider ____Walker
Providers Name: _____________________________ Providers Name: _____________________________
Providers Address: _____________________________ Providers Address: _____________________________
Providers Phone: _____________________________ Providers Phone: _____________________________
Days: ___Mon ___Tues ___Wed ___Thurs ___Fri Days: ___Mon ___Tues ___Wed ___Thurs ___Fri

Does your child have any medical concerns we should know about, ie, allergies, etc.? Please explain:
_________________________________________________________________________________________________

Parent Signature: _____________________________ Date: _____________________________

Return to: Transportation Coordinator, Kayla Davidson
PH: 845-534-8009 x7100 FAX: 845-534-9032 Email address: k davidson@cornwallschools.com

** PLEASE NOTE TRANSPORTATION CHANGES TAKE APPROX 48 HOURS **