

K-6 Transportation Form

Victor Central Schools Transportation Department
953 High Street
Victor, New York 14564
585-924-3252 Ext. 5710

In order for us to make the appropriate decisions regarding bus routes, we must have this form completed and returned to the Victor Transportation Office. **If any changes occur throughout the year (such as address, phone number or childcare information) please notify the school and the Transportation Department in writing 24 hours in advance.**

This form is required if your child is entering grades Kindergarten – 6.

Today's Date _____ Entering Grade for 2016-2017 _____

Student Name _____
Last First MI

Parent/Guardian Names _____

Relationship to Child _____

Home Address _____
Street City/Town Zip Code

Mailing Address (if different) _____
Street City/Town Zip Code

Home phone _____ Cell _____
Contact 1 Contact 2

Email address _____
Contact 1 Contact 2

Work phone _____
Contact 1 Contact 2

AM BUS PICK UP LOCATION

PM BUS DROP OFF LOCATION

Monday _____

Monday _____

Tuesday _____

Tuesday _____

Wednesday _____

Wednesday _____

Thursday _____

Thursday _____

Friday _____

Friday _____

Name of Childcare Provider and Relationship to Student:

Address _____
Street City/Town Zip Code

Home/Business phone _____ Cell phone _____