

Victor Central Schools Transportation Department

953 High Street
Victor, New York 14564
585-924-3252 Ext. 5710

THIS FORM IS TO BE USED ANYTIME YOUR CHILD'S TRANSPORTATION CHANGES DURING THE SCHOOL YEAR. IF ANY CHANGES OCCUR THROUGHOUT THE YEAR (such as address, phone number or sitter information) please notify the school and the Transportation Department 24 hours in advance.

PHONE: 585-924-3252 Ext. 5702 FAX: 585-924-2353 EMAIL: Tornstromk@victorschools.org

THIS FORM PERTAINS TO ANY STUDENT IN GRADES K-6TH.

Today's Date _____ **EFFECTIVE DATE** _____ Entering Grade for 2018/2019 _____

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 _____ Cell _____
Contact 1 Contact 2

Email address _____ Email address _____
Contact 1 Contact 2

Work phone _____ 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 _____
Relationship to student: Sitter, Relative, Neighbor, etc.

Address _____
Street City/Town Zip Code

Home phone _____ Cell phone _____