

**Victor Central Schools Transportation Department**  
**953 High Street**  
**Victor, New York 14564**  
**585-924-3252 Ext. 7120**

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. 7120    FAX: 585-742-7026    EMAIL: Tornstromk@victorschools.org**

**THIS FORM PERTAINS TO ANY STUDENT IN GRADES K-6<sup>TH</sup>.**

Today's Date \_\_\_\_\_ **EFFECTIVE DATE** \_\_\_\_\_ Entering Grade for 2019/2020 \_\_\_\_\_

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 \_\_\_\_\_  
Relationship to student: Sitter, Relative, Neighbor, etc.

Address \_\_\_\_\_  
Street City/Town Zip Code

Home phone \_\_\_\_\_ Cell phone \_\_\_\_\_