

**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** \_\_\_\_\_ School Year/Grade \_\_\_\_\_

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 \_\_\_\_\_

Contact 1

Email address \_\_\_\_\_

Contact 2

Work phone \_\_\_\_\_

Contact 1

Work phone \_\_\_\_\_

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 \_\_\_\_\_