

**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  
**Every student needs a new form completed each year**

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** \_\_\_\_\_ **Grade** \_\_\_\_\_

Student Name \_\_\_\_\_  
Last First MI

Parent/Guardian Names \_\_\_\_\_

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

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

**Contact 1**

**Contact 2**

Name/relationship to child \_\_\_\_\_

Name/relationship to child \_\_\_\_\_

Cell \_\_\_\_\_

Cell \_\_\_\_\_

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

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

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

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

**AM Bus Pickup Location**

**PM Bus Drop Off Location**

Monday \_\_\_\_\_

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Friday \_\_\_\_\_

Name of daycare provider \_\_\_\_\_

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

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