

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

ACTION REQUIRED BY JUNE 1, 2021

In order for us to make the appropriate decisions regarding bus routes, we must have this completed form returned to the Victor Transportation Office by **Tuesday, June 1, 2021**. Please fill this form out every year so all contact information is updated.

THIS FORM MAY BE EMAILED TO KELLY CLINK @ Clinkk@victorschools.org

If any changes occur throughout the year (such as address, phone number or sitter information) please notify the school and the Transportation Department in writing 24 hours in advance.

This form is required for every student entering grades K-6!!!

Today's Date _____ Effective Date _____ Entering Grade for 2021/2022 _____

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 _____