

SENECA FALLS CENTRAL SCHOOL DISTRICT

District Offices

P.O. Box 268, 98 Clinton Street
Seneca Falls, New York 13148-1497

Dr. Michelle Reed
Superintendent of Schools
(315) 568-5818
(315) 712-0535 FAX

Shelley Dyson
Supervisor
(315) 568-5500
sdyson@senecafallscsd.org

James Bruni
Administrator of Business &
Operations
(315) 568-5874

Bussing Instructions for Students

Board of Education Policy allows for transportation of students in grades K-4 living more than 2/10ths of a mile from school; grade 5 living more than 1 mile from school; and 6-12 living more than 1-1/2 miles from school, to and from their home, sitter's home or cluster points in the area.

This application is used for student school bus transportation arrangements for the 2023-2024 school year. With our continued focus on students' safety, we will not be able to take permanent transportation information over the phone. For your child's protection, we require detailed information regarding pick-up and drop-off arrangements with a parent or guardian's signature.

- A separate application is required for each student.
- A new application is required for any change that is made during the school year.
- A new application is required every school year.
- Failure to turn in an application will mean your child will not be scheduled for transportation.

Please complete this form and return it to your child's school or bus driver. It will be forwarded to the bus garage as permanent instructions for the transportation of your child to and from school. We can accommodate one change per semester, if necessary. If a change needs to be made, please contact our office as soon as possible to complete a new form. We can be reached between 7:00 a.m. and 4:00 p.m. at (315) 568-5500, ext. 5450. **We will not accept changes over the phone; all changes must be in writing. A minimum of three (3) school days is required to make a schedule change.** Drivers are not permitted to transport students to any other address than is noted on this form. We cannot make bus changes to a different address for play dates/social dates. Once a schedule is established, it must remain consistent. Bus stops must be located within the Seneca Falls Central School District. Emergency situations may arise, please contact the bus garage at (315) 568-5500 x5450 and we will attempt to assist with an emergency change. If your address changes, you must make the change by calling the school your child(ren) attend.

Students are required to arrive at their bus stop 5 minutes before the bus arrival time. Please remember that the first few weeks of school are hectic and buses may not be on "schedule." Your child may arrive home later than usual. Times may fluctuate according to student ridership, traffic, and weather conditions. School delays and cancellations are announced through Parent Square as well as on radio station 98.5 and some Syracuse and Rochester television stations. Our office is closed on Labor Day. Thank you.

PLEASE NOTE: YOU MUST STILL COMPLETE A FORM FOR YOUR CHILD(REN) EVEN IF YOU ARE NOT REQUESTING TRANSPORTATION SERVICES FROM THE DISTRICT. THERE IS A PLACE FOR YOU TO INDICATE THEY DO NOT REQUIRE TRANSPORTATION

Information regarding bus stops for Seneca Falls Central School District is also available through the following link [Seneca Falls CSD Bus Stop Information](#)



SENECA FALLS CENTRAL SCHOOL DISTRICT

Transportation Department
2 Butler Avenue
Seneca Falls, New York 13148-1497
(315) 568-5500 ext. 5450
(315)712-0525 FAX

REQUEST FOR TRANSPORTATION

New Request **Change Request**

Student Information:

Name: _____ Grade: _____

Parent or Guardian Information:

Name _____

Primary/Home Address _____

Primary Phone #: _____ Secondary Phone # _____

All Changes: must be made by parent or guardian;
 must be in writing (no phone calls, faxes or e-mails);
 must be in person either at student's school or at District Office

Circle the appropriate days that the student will be transported to and from the Primary home location:

Office Use: Bus #	AM Home to School M T W T F	Office Use: Bus #	PM School to Home M T W T F
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Daycare or Alternate Site Information

Daycare Contact Name _____

Primary/Home Address _____

Primary Phone #: _____ Secondary Phone # _____

Circle the appropriate days that the student will be transported to and from the Daycare or Alternate Site:

Office Use Bus #	AM Home to School M T W T F	Office Use Bus #	PM School to Home M T W T F
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Desired Effective Date for changes: _____

Parent/Guardian Signature: _____

Date Received: _____

Identification Verified by: _____