

PINE PLAINS CENTRAL SCHOOL DISTRICT

TRANSPORTATION DEPARTMENT

Request for Transportation – Address Change

Note: This transportation change request form must be filled out and submitted to the Transportation Department no less than two weeks prior to the effective date. Residency will also be required to be re-verified with the school district. It is your responsibility to provide accurate information so that the district can schedule school bus routes and determine capacity and budgetary needs. All school bus routes are subject to changes for safety and efficiency throughout the year.

SCHOOL OF ATTENDANCE (circle one)	Stissing Mtn JR/SR HS	Seymour Smith ILC	Cold Spring ELC	
TRANSPORTATION REQUEST (circle one)	AM ONLY	PM ONLY	BOTH	NONE

STUDENT INFORMATION

Last Name _____ First _____ MI _____ Date of Birth _____

Street Address _____ Student Grade _____

City _____ State _____ Zip _____ M F

Parent/Guardian Names: Parent 1 _____ (Please Print) Parent 2 _____ (Please Print)

Home Phone: (____) _____ Parent's Work #: (____) _____ Parent's Cell #: (____) _____

Home Phone: (____) _____ Parent's Work #: (____) _____ Parent's Cell #: (____) _____

Email Address 1. _____ 2. _____

EMERGENCY CONTACT – OTHER THAN PARENT OR LEGAL/CUSTODIAL GUARDIAN

Contact Name: _____ Relationship to Student: _____
Friend, neighbor, other

Home Phone #: (____) _____ Work Phone #: (____) _____ Cell Phone #: (____) _____

Signature of Parent/Guardian: _____ Date _____

FOR DISTRICT TRANSPORTATION USE ONLY

Received By: _____

Residency Verified: _____

Request (circle one): **APPROVED** **DENIED**

Reason: _____

Signed: _____
Supervisor of Transportation

SUBMIT COMPLETED FORM TO:
Pine Plains Central School District
Transportation Department
2829 Church Street
Pine Plains, NY 12567

Phone: (518) 398-3000 ext. 3115
Fax: 518-398-1140
E-mail: bus.routes@ppcsd.org

TRANSPORTATION **WILL NOT** BE PROVIDED TO STUDENTS UNLESS A REQUEST FORM IS SUBMITTED.