

CALEDONIA-MUMFORD CENTRAL SCHOOL  
99 NORTH STREET, CALEDONIA, NY 14423  
TRANSPORTATION REQUEST FORM

**2024-2025**

**FORM MUST BE SUBMITTED BY  
4/1/24**

**PHONE: 538-3406 FAX: 538-3424**

**PARENT'S E-MAIL ADDRESS:**  
\_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_  
Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

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Caledonia-Mumford Central School transportation services shall be provided to meet the needs of the students of the District within specified limits and areas established by the Board of Education. All students, grades kindergarten through five, are eligible to be transported to school and returned by district transportation. All students, grades six through twelve, living more than 1 ½ miles from the school, are eligible to be transported to school and returned by district transportation. Any students in grades 6 through 12, living less than 1 ½ miles from the school they attend may be furnished transportation upon the presentation of a doctor's request for their transportation due to a health need.

### AVAILABLE OPTIONS

- Option #1  My child/children will need transportation therefore: I have filled out both the pick-up and drop-off portions of this form on the reverse side. I understand that all daycare locations must be within the school district.
- Option # 2  My child/children will not need transportation every day: I would like them placed on the **AM Will Call** status. I will contact the Transportation Dept. at 538-3412 by 6:15 on the morning they will need a ride to school.
- Option # 3  My child/children will not need transportation; they will be transported or will walk to school. Please remove them from the bus routes.

Parent's Name: (Printed) \_\_\_\_\_ Email address: \_\_\_\_\_

Signature of Parent/s or Legal Guardian/s: \_\_\_\_\_ Date Completed \_\_\_\_\_

Copies of this form are located at [www.cal-mum.org](http://www.cal-mum.org) (Click on Forms Link)

**Note: Please complete the entire form any time a change is submitted. Thank you for your cooperation.**

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

ALLOW 2 SCHOOL DAYS AFTER  
TRANSPORTATION RECEIVES THE FORM  
FOR THE CHANGE TO BE EFFECTIVE

Effective Date \_\_\_\_\_

**PICK-UP** – COMPLETE FOR ALL CHILDREN (ENTER EITHER HOME ADDRESS OR CHILD CARE ADDRESS)

If your child/ren have more than one pick-up location during the week, please complete both addresses in this section.

On:  All Week  Mon  Tues  Wed  Thurs  Fri

My child/ren should be ***picked up*** at:

NAME ADDRESS PHONE

On:  All Week  Mon  Tues  Wed  Thurs  Fri

My child/ren should be ***picked up*** at:

NAME ADDRESS PHONE

**DROP-OFF** – COMPLETE FOR ALL CHILDREN (ENTER EITHER HOME ADDRESS OR CHILD CARE ADDRESS)

If your child/ren have more than one drop-off location during the week, please complete both addresses in this section.

On:  All Week  Mon  Tues  Wed  Thurs  Fri

My child/ren should be ***dropped off*** at:

NAME ADDRESS PHONE

On:  All Week  Mon  Tues  Wed  Thurs  Fri

My child/ren should be ***dropped off*** at:

NAME ADDRESS PHONE

For Office Use Only  
Updated Transfinder  
\_\_\_\_\_  
Initial/Date

For Office Use Only  
If change eliminated a stop, the stop was  
deleted  
\_\_\_\_\_  
Initial/Date