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

2025-2026

FORM MUST BE SUBMITTED BY 4/4/25

PHONE: 538-3406   FAX: 538-3424

PARENT'S E-MAIL ADDRESS:

_____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

Student's Name: _____ Grade: _____

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 6:00 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 (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: _____   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