

Amy Cross  
Transportation Secretary

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### TRANSPORTATION INFORMATION FORM

\*PLEASE ONLY COMPLETE IF THERE ARE UPDATES/CHANGES\*

Date Of Request \_\_\_\_\_  
Effective Date \_\_\_\_\_  
School Year 20 \_\_\_\_ to 20 \_\_\_\_  
Pupil Entering/In Grade \_\_\_\_\_

New Student Update/Change

Name of Pupil \_\_\_\_\_  
Home Address \_\_\_\_\_  
Name of Parent/Guardian \_\_\_\_\_ Email \_\_\_\_\_  
Address \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Emergency Contact \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

*NOTE: AM pick-up location may be different from PM drop-off location*

AM pick-up must be from the same location everyday; PM drop-off must be to the same location everyday

Street  
Address \_\_\_\_\_ A  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ M  
This is the Child's Residence \_\_\_\_\_ Childcare Provider \_\_\_\_\_ Name of  
Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

P  
M  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
This is the Child's Residence \_\_\_\_\_ Childcare Provider \_\_\_\_\_ Name of  
Provider \_\_\_\_\_ Phone Number \_\_\_\_\_

Additional  
Information \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Parent/Guardian Signature

*Office Use Only*

*Received by*

*Date*

*Please note, this form supersedes all previous*

*transportation requests. Form revised 05/2023*

*Forwarded*

*HS \_\_\_ MS \_\_\_ Alden \_\_\_ Elm \_\_\_ First Student \_\_\_*

*District Office \_\_\_*