WARWICK VALLEY CSD - TRANSPORTATION DEPARTMENT
TEL: (845) 987-3035 NEW FAX: (845) 503-2541
Transportation@wvcsd.org
Application for split custody must be submitted every school year.

DATE: _____

CHILD'S NAME: _____ _____
Print Last Name Print First Name

CHILDS SCHOOL: _____ CHILD'S GRADE: _____

STOP #1 ADDRESS Name of Resident _____

_____
House Number and Street

_____
Town State Zip

_____
Phone Number Work Number Emergency Contact Name and Phone Number

STOP #2 ADDRESS Name of Resident _____

_____
House Number and Street Post Office Box

_____
Town State Zip

_____
Phone Number Work Number Emergency Contact Name and Phone Number

CHILD'S AM SCHEDULE:
Please list below dates that child will be riding from Stop #1: Sept. 2026 – June 2027

_____

_____

CHILD'S PM SCHEDULE:
Please list below dates that child will be riding home from school to the stop #1: Sept. 2026 – June 2027

_____

_____

CHILD'S AM SCHEDULE:
Please list below dates that child will be riding from Stop #2: Sept. 2026 – June 2027

_____

_____

CHILD'S PM SCHEDULE:
Please list below dates that child will be riding home from school to the stop #2: Sept. 2026 – June 2027

_____

_____

_____ _____
Stop 1 Parent/Guardian Signature Stop 2 Parent/Guardian Signature

_____

FOR OFFICE USE ONLY: Date Received: _____ Action Taken AM Bus: _____
Date Approved: _____ PM Bus: _____

Submit for to: Transportation Department
Warwick Valley Central School District
P.O. Box 595
Warwick, NY 10990