

Annual Student Transportation Application
School Year 2026 - 2027

Transportation Department, PO Box 900, Williamson, NY 14589 (315) 589-6901
Please mail, Fax or email the completed application by Friday, August 12, 2026
Fax # (315) 589-8316 / transportation@williamsoncentral.org

Williamson Central School District
FOR TRANSPORTATION USE
Copied Date: _____
☐ Entered BusRight _____
☐ Entered Schooltool _____

SCHOOL:	Elementary	Middle	High		Grade Level:	
Please CIRCLE the School Building Your Student is Entering						

STUDENT'S NAME:				
	LAST Name		FIRST Name	Date of Birth

Parent(s)/Guardian(s):										
	Home Phone #		Parent/Guardian Cell Phone				Parent/Guardian Cell Phone			
	(including area code)		(including area code)				(including area code)			
	Parent/Guardian Work Phone				Parent/Guardian Work Phone					
	(including area code)				(including area code)					
	House Number / Street Name					MAILING ADDRESS (IF APPLICABLE)				
	Town					State		Zip Code		

Please fill in the boxes below to indicate where your child will be picked up and dropped off and/or no bus needed.
THESE MUST REMAIN CONSISTENT THROUGHOUT THE SCHOOL YEAR!

AM PICK UP

	HOME	DAY CARE	NO BUS NEEDED	Day Care Provider Name	Address	Contact #	Permission To Pick Up
Mon							
Tues							
Wed							
Thu							
Fri							

PM DROP OFF

	HOME	DAY CARE	NO BUS NEEDED	Day Care Provider Name	Address	Contact #	Permission To Pick Up
Mon							
Tues							
Wed							
Thu							
Fri							

If any of the above information changes during the school year, a new form must be completed. Forms can be picked up and dropped off at the school offices and/or via email or fax. Please allow five (5) days for changes to become effective.

I hereby authorize the Williamson Central School District to transport my child to/from the locations listed above.

Date		Signature of Parent/Guardian

PLEASE NOTE: Forms **MUST** be submitted to the Transportation Department **EVERY** school year!