LANSINGBURGH
— CENTRAL SCHOOL DISTRICT —

BUS REGISTRATION FORM

2026-2027

Parent/Guardian Name	
Home Address	
Phone Number	

Will You Be Transporting Your Child?	
AM - Yes/No	PM - Yes/No

Student's Name	Grade	School

AM Pick-Up Address *MUST BE IN THE BOUNDARIES OF LCSD*	Reason for Different Pick-Up	Same as Home Address
Alternate Address Caregiver Name and Phone Number		

PM Drop-Off Address *MUST BE IN THE BOUNDARIES OF LCSD*	Reason for Different Drop-Off	Same as Home Address
Alternate Address Caregiver Name and Phone Number		

To be eligible for transportation, please complete this form and return it to the school. If you have any questions, please contact Transportation at 518-233-6838 or email mcanning@lansingburgh.org