JASPER-TROUPSBURG CENTRAL SCHOOL

HOME OF THE WILDCATS

Transportation Request Form

This form needs to be completed for each of your children, even if your child does not need transportation. When completing this form, note that we will not transport students to any other address other than the one included on this form and cannot make bus changes to a different address for playdates/social dates/ or for convenience. Bus drivers are not authorized to make changes to bus stops or bus routes.

Child's Information

First Name_____ Last Name_____ Grade _____

Transportation Request

☐ My child **DOES NOT** require transportation by the district. (Skip to Signature)
☐ My child **DOES** require transportation by the district. After ten (10) consecutive days without riding, transportation will stop, and to request transportation again, a new form will be required.

MORNING PICK UP LOCATION
You may choose one option
☐ Option 1: **Home Address:**
Please pick up my child at my home address.
Home Address:_____
☐ Option 2: **Daycare or Alternate Address:**
Please pick up my child at this Daycare/Alternate Address.
Daycare Name/Alternate Address Contact Name_____
Daycare Name/Alternate Address Phone Number_____
Address_____

AFTERNOON DROP OFF LOCATION
You may choose one option
☐ Option 1: **Home Address:**
Please d**rop o**ff my child at my home address. Home Address:_____
☐ Option 2: **Daycare or Alternate Address:**
Please d**rop o**ff my child at this Daycare/Alternate Address.
Daycare Name/Alternate Address Contact Name_____
Daycare Name/Alternate Address Phone Number_____
Address_____

Parent/Guardian Contact Information
Home Phone:_____ Cell Phone:_____
Email Address:_____
Print Parent/Guardian Name:_____
Parent /Guardian Signature:_____Date:_____

High School Building
2661 State Route 248
Greenwood, NY 14839
607-792-3690

District Office
2661 State Route 248
Greenwood, NY 14839
607-792-3675

Elementary School Building
908 State Route 36
Troupsburg, NY 14885
607-525-6301