

Cairo-Durham Central School District
Transportation Department
Request for Transportation

Please check which school your child needs transportation to/from:		
<input type="checkbox"/> C-D Elementary School	<input type="checkbox"/> C-D Middle School	<input type="checkbox"/> C-D High School

Student Name: _____

Date of Birth: _____ **Gender:** () Female () Male **Grade:** _____

Father's Name: _____ **Home #** _____

Cell # _____ **Work #** _____

Mother's Name: _____ **Home #** _____

Cell # _____ **Work #** _____

Mailing Address: _____

Physical Address: _____

Bus Pick Up Location:

Please Describe: i.e., exact street address, color of house, etc.

AM Pickup: _____

PM Drop-off: _____

Do you plan to send your student to a babysitter on a regular basis? () Yes () No
If yes, please provide and attach exact location and weekly schedule to this form.

For Emergency Purposes, it is important that the information being requested on this form be returned to the school your child is attending as soon as possible. If you have any questions or concerns, please contact the Transportation Dept at 622-2236.

Parent/Guardian Signature

Office Use Only: Student ID: _____ Start Date: _____ Bus Rt. _____ AM Pick Up Time: _____ PM Drop Off Time: _____
--