



# DRYDEN

CENTRAL SCHOOL DISTRICT

P.O. Box 88  
 Dryden, NY 13053  
 Main Office (607) 844-8694  
 District Office (607) 844-5361  
 FAX (607) 844-4733

## Student Transportation Form

Only one regular pickup and drop-off location is permitted. **Any changes must be requested in writing.** Please note the location, bus route, and the date(s) requested. The note should be signed by a parent/guardian and addressed to the school.

### Student Information

Date \_\_\_\_\_

Student's Legal Name \_\_\_\_\_  Male  Female  
Last First Middle

Date of Birth \_\_\_\_\_ Grade Entering \_\_\_\_\_ Primary language spoken at home \_\_\_\_\_  
Month/Day/Year

Parent/Guardians: \_\_\_\_\_  
First Last  
 \_\_\_\_\_  
First Last

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Home Address \_\_\_\_\_  
Number Street City State Zip

Mailing Address \_\_\_\_\_  
(if different and/or a P.O. box) Number Street City State Zip

Morning Pickup \_\_\_\_\_  
Number Street City

House color \_\_\_\_\_ House type \_\_\_\_\_ Nearest Intersection \_\_\_\_\_

Evening Drop-off \_\_\_\_\_  
Number Street City State Zip

House color \_\_\_\_\_ House type \_\_\_\_\_ Nearest Intersection \_\_\_\_\_

### Emergency Contacts/Day Care Information

Contact 1: \_\_\_\_\_ Home phone \_\_\_\_\_  
First Last

\_\_\_\_\_  
Number Street City State Zip

House color \_\_\_\_\_ House type \_\_\_\_\_ Nearest Intersection \_\_\_\_\_

Contact 2: \_\_\_\_\_ Home phone \_\_\_\_\_  
First Last

\_\_\_\_\_  
Number Street City State Zip

House color \_\_\_\_\_ House type \_\_\_\_\_ Nearest Intersection \_\_\_\_\_

OFFICE USE: Morning Route \_\_\_\_\_ Evening Route \_\_\_\_\_ ID Number \_\_\_\_\_  
 Cassavant  Freeville  Dryden Elementary  Dryden Middle  Dryden High  Other \_\_\_\_\_