

CLYDE-SAVANNAH TRANSPORTATION DEPARTMENT

73 WAYNE AVENUE CLYDE, NY 14433 PHONE (315)902-3090 FAX (315)923-6102

SCOTT J. CONVERSE, DIRECTOR OF TRANSPORTATION
 SUSAN L. GRAY, ASSISTANT SUPERINTENDENT FOR BUSINESS & OPERATIONS

APPLICATION FOR TRANSPORTATION 2020/21

A new application for transportation must be completed every year and returned to the Transportation department. *The Transportation requested must be on a "regular basis" which means that the student's weekly schedule must be the same for the entire year.* Please fill out a form **for each student** in your household. . If your student rides the bus, please indicate what address they will be transported from (AM), and then transported to (PM). If you are planning to drop your student off, pick your student up, or if they walk/drive to school, please indicate that on the lines below. Please return this application form by **August 3rd**, by mail, email to the Clyde-Savannah Transportation Department at 73 Wayne Avenue, Clyde, NY 14433, email: scott.converse@clydesavannah.org

STUDENT'S NAME _____	GRADE _____	
DAY OF WEEK	TO SCHOOL	FROM SCHOOL
Monday	AM _____	PM _____
Tuesday	AM _____	PM _____
Wednesday	AM _____	PM _____
Thursday	AM _____	PM _____
Friday	AM _____	PM _____

FOR OFFICE USE ONLY

Date Received _____

Elem _____ MS/HS _____

AM Bus # _____ PM Bus # _____

Walker _____ Drive _____

Parent Drop Off _____

Parent Pick-Up _____

DATE STARTING: _____

BABYSITTER NAME OR EMERGENCY CONTACT:

Name: _____
 Address: _____
 Phone: _____

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

Custodial Parent Info: _____
 Name _____ Home Phone _____
 Address _____ Work Phone _____