



MEDINA CENTRAL SCHOOL DISTRICT

ANNUAL TRANSPORTATION REQUEST

School Year: 2019 - 2020

Any questions call 585-798-0351 or email: kheschke@medinacsd.org

(ONE FORM PER STUDENT PLEASE)

School: _____ Grade: _____ Start Date: _____

Student's Name: _____ Male Female

Date of Birth: _____

Parent/Guardian Name: _____

Student Home Address:

DayCare/Babysitter:

Address: _____	Office use Only
City: _____ State: _____ Zip: _____	
1 st Contact Phone #: _____	
2 nd Contact Phone #: _____	

Name: _____	Office Use Only
Address: _____	
City: _____ State: _____ Zip: _____	
Site Phone #: _____	

*Place a check (✓) in a Box to Select Morning pick-up and Afternoon drop-off Locations for Monday through Friday.
You must make a selection for each day of the week.*

<i>A.M. Pick-Up</i>	<i>Home</i>	<i>DayCare/ Babysitter</i>	<i>No Transport Walker/Pickup</i>	<i>P.M. Drop-Off</i>	<i>Home</i>	<i>DayCare/ Babysitter</i>	<i>No Transport Walker/Pickup</i>
<i>Monday</i>				<i>Monday</i>			
<i>Tuesday</i>				<i>Tuesday</i>			
<i>Wednesday</i>				<i>Wednesday</i>			
<i>Thursday</i>				<i>Thursday</i>			
<i>Friday</i>				<i>Friday</i>			

***** Transportation Requests Can Take Up to 30 Days to Take Effect as per School Policy #5721 *****

My signature certifies that I am the parent/legal guardian of the above student and authorized to request transportation to/from the location(s) above.

Date

Signature

PLEASE RETURN FORM ASAP: SCAN: kheschke@medinacsd.org FAX: 585-798-0384
MAIL: Medina CSD Bus Garage, % Kim Heschke, 1018 Gwinn St., Medina, NY 14103