

## Kendall Elementary School Transportation Information

Please complete this form if you want the bus to pick-up or drop-off your child at a residence other than your own home or if a parent/guardian will drop-off and/or pick up the child on a routine basis. I understand that transportation requests are honored one time only and I have indicated below the transportation for my child for the school year.

Student's Name \_\_\_\_\_ Date \_\_\_\_\_

Student's Home Address \_\_\_\_\_

Teacher \_\_\_\_\_ Grade \_\_\_\_\_

Alternate Bus Transportation Information For Morning Pickup:	
<b>A.M. Pickup 1</b>	<b>A.M. Pickup 2</b>
Days of the Week: _____	Days of the Week: _____
A.M. pickup bus #: _____	A.M. pickup bus #: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Relationship to Student: _____	Relationship to Student: _____

Alternate Bus Transportation Information For Afternoon Drop-off:	
<b>P.M. Drop-off 1</b>	<b>P.M. Drop-off 2</b>
Days of the Week: _____	Days of the Week: _____
P.M. drop-off bus #: _____	P.M. drop-off bus #: _____
Name: _____	Name: _____
Address: _____	Address: _____
Phone: _____	Phone: _____
Relationship to Student: _____	Relationship to Student: _____

**Parent Signature** \_\_\_\_\_

Return completed form to: Elementary Office  
Kendall Elementary School  
1932 Kendall Road  
Kendall, NY 14476