

**CARMEL CENTRAL SCHOOL DISTRICT
TRANSPORTATION INFORMATION FORM**

A note to Parents and Pupils:

Date _____

Your cooperation is requested in completing and returning this "Pupil Information Form". The form is designed to provide this School District with the appropriate information for purposes of bus routing, scheduling, loading and general pupil safety. Every pupil should have a form completed regardless of whether he/she presently rides a school bus or not. Once completed and returned, this form will be kept on file as long as the pupil is attending school and lives in the Carmel Central School district. Please print when completing this form.

STUDENT'S NAME _____

STUDENT'S DATE OF BIRTH _____

PHYSICAL ADDRESS _____
(WHERE STUDENT WILL RESIDE)

HOME TELEPHONE () _____

PARENT/GUARDIAN NAME _____

PARENT CELL () _____

PERSON TO CALL IN CASE OF EMERGENCY _____

EMERGENCY CONTACT HOME # () _____ CELL #() _____

SCHOOL CHILD WILL ATTEND _____

GRADE _____

CHECK ONE:

- ___ STUDENT WILL RIDE BUS
- ___ STUDENT WILL WALK TO AND FROM SCHOOL
- ___ STUDENT WILL DRIVE OR BE DRIVEN TO AND FROM SCHOOL

NEAREST INTERSECTING ROADS TO PHYSICAL ADDRESS: _____

NOTE: CHILD CARE MUST BE IN THE SAME ATTENDANCE ZONE AS THE SCHOOL THE STUDENT WILL ATTEND.