

## Palmyra-Macedon Central School District TRANSPORTATION FORM

Student's Name \_\_\_\_\_ School Attending \_\_\_\_\_

Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_ Today's Date \_\_\_\_\_

*Instructions:* Use one (1) form for each student and provide one (1) daycare location (for grades UPK-8 only). Please return form by mail to Palmyra-Macedon CSD, Attn: Transportation Dept, 151 Hyde Pkwy, Palmyra, NY 14522 or by email to [transportation@palmaccsd.org](mailto:transportation@palmaccsd.org). Please allow up to three (3) business days upon receipt for processing.

### Student's Primary Residence

### Daycare Provider (if applicable)

Guardian's  
Name \_\_\_\_\_

Provider's  
Name \_\_\_\_\_

Street \_\_\_\_\_

Street \_\_\_\_\_

City/Zip \_\_\_\_\_

City/Zip \_\_\_\_\_

Guardian's  
Phone # \_\_\_\_\_

Provider's  
Phone # \_\_\_\_\_

Email \_\_\_\_\_

Email \_\_\_\_\_

*Please check the appropriate choice below and note, we do not accept calendars or alternating schedules:*

Morning Pick-Up		
<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Daycare Provider	<input type="checkbox"/> No Transportation Needed

Afternoon Drop-Off		
<input type="checkbox"/> Primary Residence	<input type="checkbox"/> Daycare Provider	<input type="checkbox"/> No Transportation Needed

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Requested Start Date

<u>For Office Use Only</u>	<u>Date Received</u>
Routed _____ AM Bus # _____ PM Bus # _____ Driver _____ School _____ Parent _____	