



Camden Central School District
 51 Third Street
 Camden, NY 13316
 (315) 245-4096

CHANGE FORM FOR TRANSPORTATION

(There is a 48 HOUR processing timeframe for establishing bus transportation, unless there is a special circumstance)

Pick up Drop off Temporary

Student's Name: _____

Last Name
First Name
Middle

Date of Birth: ____/____/____ Sex: Male Female

PICK UP LOCATION: _____

Address	Name	Phone #
Home Description		

DROP OFF LOCATION: _____

Address	Name	Phone #
Home Description		

Home Phone #: _____ Mom's Cell #: _____ Dad's Cell #: _____

Parent's/Guardian's Name Printed: _____

911 Home Address: _____ City _____ State _____ Zip _____

Mailing Address: _____ City _____ State _____ Zip _____

Emergency Contact: _____

Name
Address
Phone Home#/Cell#

Emergency Contact: _____

Name
Address
Phone #Home/Cell#

List any physical/emergency medical information bus drivers need to know about your child: _____

Home Building: CHS CMS AES CES MES Current Grade: _____

Is Student Special Education? YES NO

FOR OFFICE USE ONLY	
Student ID# : _____	Date: _____
Please indicate if student will attend a building/school out of the attendance zone.	
<input type="checkbox"/> AES <input type="checkbox"/> CES <input type="checkbox"/> MES	Outside District (BOCES): <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> FULL DAY
If other location than above, please identify school: Name: _____	

Only one regular pick up and drop off location is permitted. Any other location must be requested by a note 48 hours in advance stating the location, bus route, date, signed by parent/guardian and address to the school student attends.

DO NOT WRITE IN THIS SPACE – TRANSPORTATION USE ONLY
STUDENT ASSIGNED TO ROUTE: DATE TO START: