

**STUDENT TRANSPORTATION INFORMATION
FOR BUS STOPS ONLY**

All students are scheduled for transportation to and from their home each school year. Please fill out this form and return it to the Transportation department to ensure the expected and safe arrival of your child. Forms must be submitted by **August 1** for the following school year.

THIS IS A PERMANENT REQUEST, 5 DAYS PER WEEK ONLY
OTHER ARRANGMENTS MUST BE MADE THROUGH OUR BUS PASS SYSTEM
Our system cannot accommodate "every other week" schedules

MAIL: MCS Transportation Department
2 Reed Parkway
Marcellus NY 13108

PHONE: 315-673-0211
EMAIL: transportation@marcellusschools.org
FAX: 315-673-3600

STUDENT NAME _____

ADDRESS _____

HOME PHONE # _____ SCHOOL _____ GRADE _____

Parent/Guardian signature:

Date:

In the **MORNING**, my child will:
CHOOSE ONE

_____ picked up at home

_____ picked up by bus from:

Name _____

Address _____

Phone _____

Alternate # _____

Effective date _____

In the **AFTERNOON**, my child will:
CHOOSE ONE

_____ take bus home

_____ take bus to:

Name _____

Address _____

Phone _____

Alternate # _____

Effective date _____

OFFICE USE ONLY

Date received: _____ Date sent to school: _____ Completed by: _____

AM bus: _____ PM bus: _____