

West Canada Valley CSD

Transportation Request Form

The West Canada Valley CSD Transportation Department will be responsible for providing transportation for students between school and their **residence** OR the **identified alternate location** provided below. A consistent schedule for student pick-up and drop-off is essential for the safety of all WCV students.

Please Note: Phone calls, Notes, and Email will no longer be accepted for changes.

Student Name: _____ Grade _____ Teacher: _____

Parent/Guardian Name: _____

Home Address: _____

Home Phone: _____ Work: _____ Cell: _____

****ALTERNATE LOCATION****

Name: _____

Address: _____

Phone Number(s): _____

Please **circle** below the location(s) for Pick-up and Drop-off of the above student for each day of the week

| MORNING | | | AFTERNOON | | | |
|-----------|------|-----------|-----------|------|-----------|----------------|
| Monday | Home | Alternate | Monday | Home | Alternate | Parent Pick-Up |
| Tuesday | Home | Alternate | Tuesday | Home | Alternate | Parent Pick-Up |
| Wednesday | Home | Alternate | Wednesday | Home | Alternate | Parent Pick-Up |
| Thursday | Home | Alternate | Thursday | Home | Alternate | Parent Pick-Up |
| Friday | Home | Alternate | Friday | Home | Alternate | Parent Pick-Up |

EMERGENCY CHANGES:

If you need to make any emergency changes in your child's pick-up or drop-off locations, please contact WCV at 315-845-6800 ext. 1100 Elementary or ext. 3300 MS/HS. **Emergency changes include:** death, serious illness in the family, temporary absence of both parents from home, other circumstance where temporary transportation change is in the best interest of the student. All emergency changes **must** be approved by an Administrator or Transportation Supervisor.

CERTIFICATION: I give consent to have my child transported as indicated on the above form for the duration of the school year. If I wish to make adjustments to this schedule, I will submit a new **Student Transportation Form** no less than **two days** prior to the requested transportation schedule change.

Transportation schedule start date: _____

Parent/Guardian Signature: _____ Date: _____