

**Millbrook Central School District**  
**Transportation Information**  
(complete ONLY for NEW STUDENTS or INFORMATION CHANGES)

**Date:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **School Year:** \_\_\_\_\_

**Student Name:** \_\_\_\_\_  
(last) (first) (middle)

**Home Phone Number:** \_\_\_\_\_

**Full Names of Parents/Guardians and Alternate Phone Numbers:**

\_\_\_\_\_  
(last) (first) (work #) (cell #)

\_\_\_\_\_  
(last) (first) (work #) (cell #)

**Complete Street Address:** \_\_\_\_\_

\_\_\_\_\_

**House Location:** \_\_\_\_\_

\_\_\_\_\_

**Mailing Address:** \_\_\_\_\_  
(If different from  
Street Address) \_\_\_\_\_

**Emergency Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Emergency Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_ **CHECK ONE:** [ ] New Student  
**Bus Route:** \_\_\_\_\_ [ ] Change

**Additional Information:**

\_\_\_\_\_

Please send completed **original** to:  
Millbrook Central School District  
Donna Lyons – Transportation Secretary  
PO Box AA  
Millbrook NY 12545