

MILLBROOK CENTRAL SCHOOL DISTRICT - Transportation Information

**\*PLEASE ONLY COMPLETE IF THERE ARE UPDATES/CHANGES\***

Lynn Sticker - Transportation Secretary - PO Box AA Millbrook NY 12545

Phone: (845) 677-4200 x 1104 \* Fax: (845) 677-4206

OFFICE USE ONLY:

Rcv'd by: \_\_\_\_\_

Date: \_\_\_\_\_

Forwarded:

HS  MS  Alden

Elm  1<sup>st</sup> Student

Dist Office

Date of Request: \_\_\_\_\_ Effective Date: \_\_\_\_\_

New student [ ] \*For school year: \_\_\_\_\_ - \_\_\_\_\_ \*Student entering/in grade: \_\_\_\_\_

Update/Change [ ]

Student Name \_\_\_\_\_  
(First) (Middle) (Last)

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency contact: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*AM pick-up location may be different from PM drop-off location\***

**\* AM pick up must be from the same location everyday \* PM drop-off must be to the same location everyday \***

Street address: \_\_\_\_\_

A  
M

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\*This is the child's: residence [ ] Childcare provider [ ] Phone # \_\_\_\_\_

Name of provider: \_\_\_\_\_

Street address: \_\_\_\_\_

P  
M

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

\* This is the child's: residence [ ] Childcare provider [ ] Phone # \_\_\_\_\_

Name of provider: \_\_\_\_\_

Additional info: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

\*Please note that this form will supersede all previous transportation requests\*

Form revised 1/13/16