

STUDENT TRANSPORTATION REQUEST FORM

Child's Name _____ Grade _____

Parent/Guardian Information and student's HOME Address:

Name _____ Phone _____

Address _____ Phone _____

DAILY TRANSPORTATION Please indicate your student's needs below

MORNING	Monday	Home	Day Care	No Pick-up	AFTERNOON	Monday	Home	Day Care	No Drop-off
	Tuesday	Home	Day Care	No Pick-up		Tuesday	Home	Day Care	No Drop-off
	Wednesday	Home	Day Care	No Pick-up		Wednesday	Home	Day Care	No Drop-off
	Thursday	Home	Day Care	No Pick-up		Thursday	Home	Day Care	No Drop-off
	Friday	Home	Day Care	No Pick-up		Friday	Home	Day Care	No Drop-off

Daycare (including LCSD After-school Program) or alternate location information (must be within district boundaries)

Name _____ Phone _____

Address _____ Phone _____

If transportation is not needed, name of the person who will be picking up the student _____

EMERGENCY Closing Location Students MUST ride a bus in the event of an emergency dismissal

Name _____ Phone _____

Address _____ Phone _____

PLANNED Early Dismissal Information: Adult picking up OR Bus dropping off (please check one)

Name _____ Phone _____

Address _____ Phone _____

Lansing Central School District will be responsible for providing transportation for students between school and either their home or the identified alternate day care provider ONLY. For emergency changes in pick-up or drop-off locations, please contact the appropriate school office.

CERTIFICATION: I have read and understand the policies and procedures as stated above and consent to having my child transported as I have indicated on this form for the duration of the school year. If I wish to make adjustments to this schedule, I will resubmit this Student Transportation form no less than 2 days prior to the requested transportation schedule change.

Parent's Signature _____ Date _____