

LANSING CENTRAL SCHOOL DISTRICT TRANSPORTATION DEPARTMENT
284 Ridge Road
Lansing NY 14882
Phone 607-533-4608

STUDENT TRANSPORTATION REQUEST FORM EMERGENCY CLOSING/EARLY DISMISSAL

Student Information:

Child's First & Last Name _____
Birth Date _____ Male/Female _____ Grade _____ Homeroom _____

Parent/Guardian Information:

Name _____
Street Address _____ City _____ Zip _____

Emergency Closing Information:

Drop off information:

Name _____
Street Address _____ City _____
Zip _____ Phone _____ Cell Phone _____

Early Dismissal Location Information: Adult Picking up _____ OR Bus Dropping off _____

Drop off information:

Name _____
Street Address _____ City _____
Zip _____ Phone _____ Cell Phone _____

The 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.

This transportation schedule is to be in effect as of the following date: _____

Name of the person who will be picking up the student: _____

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/Guardian Signature

Date