

Geneseo Elementary School Student Transportation Form

Childcare Transportation Criteria:

- A form must be submitted to the **Elementary Office** for each child.
- Locations must be within school district boundaries.
- Locations must be consistent. If your arrangements change, please submit another request.
- This completed form must be submitted as early as possible. Your cooperation in providing all necessary information in a timely manner will help to ensure that your child is picked up and delivered to the correct location. Please call the Transportation Department at 243-3050 with any questions or concerns.

Please Print

Effective Date of Change: _____

Student's Name: _____ Grade: _____ Teacher: _____

Home Address: _____ Zip Code: _____

Parent/Guardian: _____ Telephone: _____ Alternate Phone: _____

AM PICK-UP LOCATION:

Mon.	
<input type="checkbox"/>	Home
<input type="checkbox"/>	Other: Name: _____ Address: _____ Telephone: _____
<input type="checkbox"/>	No Pick-up Needed

Tues.	
<input type="checkbox"/>	Home
<input type="checkbox"/>	Other: Name: _____ Address: _____ Telephone: _____
<input type="checkbox"/>	No Pick-up Needed

Wed.	
<input type="checkbox"/>	Home
<input type="checkbox"/>	Other: Name: _____ Address: _____ Telephone: _____
<input type="checkbox"/>	No Pick-up Needed

Thur.	
<input type="checkbox"/>	Home
<input type="checkbox"/>	Other: Name: _____ Address: _____ Telephone: _____
<input type="checkbox"/>	No Pick-up Needed

Fri.	
<input type="checkbox"/>	Home
<input type="checkbox"/>	Other: Name: _____ Address: _____ Telephone: _____
<input type="checkbox"/>	No Pick-up Needed

PM DESTINATION:

Mon.	
<input type="checkbox"/>	Home
<input type="checkbox"/>	Other: Name: _____ Address: _____ Telephone: _____
<input type="checkbox"/>	Picked up at school by: _____

Tues.	
<input type="checkbox"/>	Home
<input type="checkbox"/>	Other: Name: _____ Address: _____ Telephone: _____
<input type="checkbox"/>	Picked up at school by: _____

Wed.	
<input type="checkbox"/>	Home
<input type="checkbox"/>	Other: Name: _____ Address: _____ Telephone: _____
<input type="checkbox"/>	Picked up at school by: _____

Thur.	
<input type="checkbox"/>	Home
<input type="checkbox"/>	Other: Name: _____ Address: _____ Telephone: _____
<input type="checkbox"/>	Picked up at school by: _____

Fri.	
<input type="checkbox"/>	Home
<input type="checkbox"/>	Other: Name: _____ Address: _____ Telephone: _____
<input type="checkbox"/>	Picked up at school by: _____

My signature indicates that I am the parent/legal guardian of the above named student and authorized to request transportation to/from the home location/daycare provider indicated above.

Signature: _____ Date: _____