

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 Date: _____

Forwarded: _____

HS MS Alden

Elm 1st 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 9/9/15