

Williamson Central School District
FOR TRANSPORTATION USE
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Annual Student Transportation Application School Year 2021 - 2022

Transportation Department, PO Box 900, Williamson, NY 14589 (315) 589-6901
 Please mail, Fax or email the completed application by August 2, 2021
 Fax # (315) 589-8316 / transportation@williamsoncentral.org

SCHOOL: Elementary Middle High **Grade Level:** _____
Please Circle the School Building Your Student is Entering

STUDENT'S NAME: _____
LAST Name FIRST Name Date of Birth

Parent/Guardian: _____

Home Phone # <small>(including area code)</small>	Parent/Guardian Cell Phone <small>(including area code)</small>	Parent/Guardian Cell Phone <small>(including area code)</small>
Parent/Guardian Work Phone <small>(including area code)</small>	Parent/Guardian Work Phone <small>(including area code)</small>	

House Number / Street Name	MAILING ADDRESS (IF APPLICABLE)
Town	State Zip Code

Please fill in the boxes below to indicate where your child will be picked up and dropped off.
THESE MUST REMAIN CONSISTENT THROUGHOUT THE SCHOOL YEAR!

AM PICK UP

	Home	Day Care	Day Care Provider Name	Address	Home Phone #	Cell #	Permission to pickup
Mon							
Tues							
Wed							
Thu							
Fri							

PM DROP OFF

	Home	Day Care	Day Care Provider Name	Address	Home Phone #	Cell #	Permission to pickup
Mon							
Tues							
Wed							
Thu							
Fri							

If any of the above information changes during the school year, a new form must be completed. Forms can be picked up and dropped off at the school offices and/or via email or fax. Please allow five (5) days for changes to become effective.

I hereby authorize the Williamson Central School District to transport my child to/from the locations listed above.

_____ _____
 Date Signature of Parent/Guardian

PLEASE NOTE: Forms MUST be submitted to the Transportation Department every school year!