

## STUDENT TRANSPORTATION INFORMATION

All students are scheduled for transportation to and from their home each school year. Please fill out this form and return it to the Transportation department to ensure the expected and safe arrival of your child. Forms must be submitted by **August 1**.

**THIS IS A PERMANENT REQUEST, 5 DAYS PER WEEK ONLY.  
OTHER ARRANGEMENTS MUST BE MADE THROUGH OUR BUS PASS SYSTEM.**

**MAIL:** MCS Transportation Department  
2 Reed Parkway  
Marcellus 13108

**FAX:** 315-673-3600

STUDENT NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

HOME PHONE # \_\_\_\_\_ SCHOOL \_\_\_\_\_ GRADE \_\_\_\_\_

<p>In the <b>MORNING</b>, my child will: <b>CHOOSE ONE</b></p> <p>_____ walk to school</p> <p>_____ be dropped off</p> <p>_____ attend YMCA program</p> <p>_____ picked up by bus from home</p> <p>_____ picked up by bus from:</p> <p>Name _____</p> <p>Address _____</p> <p>Phone: _____</p> <p>Alternate # _____</p>	<p>In the <b>AFTERNOON</b>, my child will: <b>CHOOSE ONE</b></p> <p>_____ walk home</p> <p>_____ be picked up</p> <p>_____ attend YMCA program</p> <p>_____ take bus to home address</p> <p>_____ take bus to:</p> <p>Name _____</p> <p>Address _____</p> <p>Phone: _____</p> <p>Alternate # _____</p>
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