PLEASE COMPLETE THE ENTIRE FORM AND RETURN BY <u>AUGUST 31st</u>!
MAIL, EMAIL, OR DROP OFF AT YOUR CHILD'S BUILDING

<u>BAINBRIDGE-GUILFORD CENTRAL SCHOOL</u>

<u>TRANSPORTATION INFORMATION FORM</u>

<u>DATE:</u> _____

<u>STUDENTS NAME:</u> _____ **<u>GRADE:</u>** _____

<u>STUDENTS NAME:</u> _____ **<u>GRADE:</u>** _____

<u>STUDENTS NAME:</u> _____ **<u>GRADE:</u>** _____

PRIMARY MORNING PICKUP INFORMATION

Start Date _____

<u>Transportation type</u>: (Circle one)   SCHOOL BUS   * PARENT TRANSPORT   WALKER

<u>MORNING Bus Pick Up Address</u>: _____

_____

Contact Person: _____ **Telephone Number:** _____

🚗 ***If Parent Transport, to which School will you be bringing your child in the morning?**

(PLEASE CHECK ONE):

☐ **HIGH SCHOOL**   ☐ **GREENLAWN**   ☐ **GUILFORD**

PRIMARY AFTERNOON DROP OFF INFORMATION

<u>Transportation Type:</u> (CIRCLE ONE)   SCHOOL BUS   *PARENT TRANSPORT   WALKER

<u>AFTERNOON Bus Drop Off Address:</u> _____

_____

Contact Person: _____ **Telephone Number:** _____

🚗 ***<u>If Parent Transport, which School will you be picking your child up from in the afternoon?</u>**

(PLEASE CHECK ONE):

☐ **HIGH SCHOOL**   ☐ **GREENLAWN**   ☐ **GUILFORD**

Revised 8/25/2020

ALTERNATE PICK UP/DROP OFF ADDRESS
(If Applicable)

Morning Pick up Address: _____

Afternoon Drop off Address:_____

Contact Person _____ **Telephone Number:**_____

SCHEDULED EARLY DISMISSALS & EMERGENCY CLOSING

__This information will be used when there is any scheduled early dismissal/half day or Emergency School Closing.__

<u>Transportation Type</u>: (CIRCLE ONE)   SCHOOL BUS   *PARENT TRANSPORT   WALKER

Bus Drop Off Address:_____

_____

<u>Contact Person:</u> _____ **<u>Telephone Number:</u>** _____

*If Parent Transport, which school will you be picking your child up from? (Please check one):
☐ **HIGH SCHOOL**   ☐ **GREENLAWN**   ☐ **GUILFORD**

SIGNATURE/DATE/CONTACT NUMBERS

<u>Parent/Guardian Signature:</u> _____   **Date:** _____ __

<u>Home phone:</u> _____   **<u>Work phone:</u>** _____   **<u>Cell phone:</u>** _____

<u>ENTER ANY OTHER PERTINENT TRANSPORTATION DATA HERE:</u>

FOR OFFICE USE ONLY

<u>DATE RECEIVED:</u> _____ **<u>INITIALS:</u>** _____ **<u>ENTERED/SCANNED INTO PS:</u>** _____

MORNING PICK UP BUS ROUTE # _____   **AFTERNOON DROP OFF BUS ROUTE #** _____

ALTERNATIVE PICK UP BUS ROUTE # _____   **ALTERNATIVE DROP OFF BUS ROUTE #** _____

EARLY DISMISSAL BUS ROUTE # _____   **EMERGENCY CLOSING BUS ROUTE #** _____

Revised 8/25/2020