

## ALLEGANY-LIMESTONE CENTRAL SCHOOL

3131 Five Mile Road •Allegany, NY 14706


## TRANSPORTATION INFORMATION

Childs Name: $\qquad$

Date of Birth: $\qquad$ ** Student must be at least age 4 to ride the bus

School attends (circle one): Elementary MHS

Grade: $\qquad$
Road Address (Include P.O. Box):

Telephone Number: $\qquad$
Custodial Information: $\qquad$
HOW WILL THE STUDENT BE TRANSPORTED TO \& FROM SCHOOL? **if different in $\mathrm{am} / \mathrm{pm}$ please enter am and pm in respective space
BUS $\qquad$ CAR RIDER $\qquad$ REC $\qquad$ Y-CARE $\qquad$
**The following information will make it easier for the Bus Driver to find you**
Does your child have a sibling that rides the bus? $\qquad$
If so, please fill in the sibling's name (s): $\qquad$

Do you have a neighbor that rides the bus? $\qquad$
If so, please fill in the neighbor(s) name: $\qquad$
Do you know the bus number and/ or driver that passes your house? $\qquad$
What road do you live on? $\qquad$
What color is your house? $\qquad$

Does your house have a number on it? $\qquad$ If so, where $\qquad$

Please describe any other distinct features of your home including location in relation to the roadway:

## Parent/ Guardian Signature

$\qquad$ Date: $\qquad$

