

KESHEQUA TRANSPORTATION DEPARTMENT

Directions: This form is required for **all** students. Please fill out this transportation form and return it to:
The Keshequa Transportation Department, P.O. Box 517, Nunda, NY 14517

PLEASE PRINT !!!

DATE _____ EFFECTIVE DATE _____

CHILD'S NAME _____ GRADE _____

HOME ADDRESS _____ Phone (H) _____

(W) _____

EMERGENCY CONTACT: Name _____ Phone (H) _____

(W) _____

PARENT / GUARDIAN SIGNATURE _____

If transportation is the SAME FOR EVERY DAY, please complete this section of the form.
BEFORE SCHOOL ARRANGEMENT AFTER SCHOOL ARRANGEMENT

_____ pick-up location

_____ drop-off location

_____ address

_____ address

If transportation CHANGES FOR ANY DAY DURING THE WEEK, please complete this section of the form.
BEFORE SCHOOL ARRANGEMENT AFTER SCHOOL ARRANGEMENT

MONDAY _____
pick-up location

_____ drop-off location

_____ address

_____ address

TUESDAY _____
pick-up location

_____ drop-off location

_____ address

_____ address

WEDNESDAY _____
pick-up location

_____ drop-off location

_____ address

_____ address

THURSDAY _____
pick-up location

_____ drop-off location

_____ address

_____ address

FRIDAY _____
pick-up location

_____ drop-off location

_____ address

_____ address

Reminder: This transportation schedule must remain consistent throughout the school year.