

# TRANSPORTATION FORM

## Moravia Central School District

Grade Entering: \_\_\_\_\_

Gender:     M    F      
(Circle One)

The completion of this form will enable us to locate your child and plan our bus routes. If your address changes between the time of registration and the first day of school, please inform the school. **Please complete this form even though your child may not be a bus student.**

**Child's Legal Name:**

Middle

Street Address:

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*Zip Code*

Mailing Address:

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Zip Code

Mother's Name:

Maiden Name

Father's Name:

First

Phone Numbers:

Father's Work Phone #

Father's Cell Phone #

Other Contact Numbers:

Relationship to Child

Relationship to Child

***DIRECTIONS FOR BUS TO LOCATE YOUR HOUSE:***

Exact location:

City

Name of neighbors, nearest intersection, road or other landmark: \_\_\_\_\_

**CHILD CARE PROVIDER INFORMATION:** Complete this portion only if child will be riding a bus to/from this location regularly.

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Exact Location:

City

Name of neighbors, nearest intersection, road or other landmark: \_\_\_\_\_

Child will be staying at child care provider's house:            Before School            After School            Both

***LIST OTHER CHILDREN IN HOUSEHOLD WHO ATTEND MORAVIA CENTRAL SCHOOLS:***

Name

Grade

**FOR SCHOOL USE ONLY:**

Bus Number:                      AM                      PM