

NORTHEASTERN CLINTON CENTRAL SCHOOL DISTRICT TRANSPORTATION FORM

Please check one

Middle School Mooers Elementary Rouses Point Elementary Senior High CVES

This form will assist the transportation department for the school year.

PLEASE RETURN AS SOON AS POSSIBLE TO YOUR SCHOOL'S MAIN OFFICE OR THE TRANSPORTATION DEPT.

Name of Student _____ Grade in September _____

Name of Parent/Guardian _____ Home/Cell Phone _____

Home Address _____, _____

(Street Address)

(City – i.e. Champlain, Mooers, Rouses Point)

A.M. PICK UP:

_____ Home _____
(name of parent, street address, city, phone)

_____ Daycare _____
(name of daycare, street address, city, phone)

_____ Other _____
(name of person, street address, city, phone)

P.M. DROP OFF: (K-5 Adult must be seen at time of drop off)

_____ Home _____
(name of parent, street address, city, phone)

_____ Daycare _____
(name of daycare, street address, city, phone)

_____ Other _____
(name of person, street address, city, phone)

My child is parent transported / a student driver:

A.M. P.M.

Date

Parent/Guardian Signature