

Lyndonville Central School District

Pre-K 3

School Year: 2023-2024

Current protocol allows only **ONE** am and **ONE** pm location for bus pick up and drop off. Please call the main office with any questions.
Multiple drop off points per week will not be honored.

This form is intended for students in PreK 3 ONLY. PreK 3 students will be picked up daily at 12:30 pm.

Student Name: _____ Grade: _____ Start Date: _____

Teacher: _____ Date of Birth: _____ ☐ Male ☐ Female

Student Home Address: _____

City: _____ State: _____ Zip: _____

AM

PM - 12:30 pm

<p>Place a check (✓) in a box to select AM transportation:</p> <p><input type="checkbox"/> Walk</p> <p><input type="checkbox"/> Parent Drop Off</p> <p><input type="checkbox"/> Bus</p>	<p>Place a check (✓) in a box to select PM transportation:</p> <p><input type="checkbox"/> Walk</p> <p><input type="checkbox"/> Parent Pick Up (Please fill out Pick Up Form)</p> <p><input type="checkbox"/> Bus</p>
<p>If BUS transportation was requested, please fill out the following information:</p> <p>Name of supervising person:</p> <p>_____</p> <p>Phone number of supervising person:</p> <p>_____</p> <p>Complete Address:</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>If BUS transportation was requested, please fill out the following information:</p> <p>Name of supervising person:</p> <p>_____</p> <p>Phone number of supervising person:</p> <p>_____</p> <p>Complete Address:</p> <p>_____</p> <p>_____</p> <p>_____</p>

Parent/Guardian Name PRINTED: _____ Date: _____

Parent/Guardian Name SIGNATURE: _____

*******TO BE COMPLETED BY THE TRANSPORTATION DIRECTOR ONLY*******

Assigned to AM Bus # _____		Assigned to PM Bus # _____
Date Request Received	Date Transportation will begin	Director of Transportation Signature

Lyndonville CSD
25 Housel Ave.
Lyndonville, NY 14098

Elementary School Office 585-765-3122 Fax 585-765-3190
Middle/High School Office 585-765-3162 Fax 585-765-3190
Bus Garage 585-765-2701