



BEACON CITY SCHOOL DISTRICT
BEACON, NEW YORK 12508

TRANSPORTATION REQUEST

Check Appropriate Boxes: ☐ New Entrant ☐ Change Of Address ☐ Displacement ☐ Medical 405 request

****Student Must Reside 1.5 Miles or More From The School They Attend To Be Eligible for Transportation.****

SCHOOL: _____ SCHOOL YEAR: _____

Enter Grade (1- 12): _____ or check one: K _____ Pre-K A.M. _____ Pre-K P.M. _____

Student's Name: _____ Date of Birth _____

Student's Address: _____
Address City State Zip Code

Mailing Address: _____
(If Different) Address/PO Box City State Zip Code

Parent's Name: _____

Home Phone # _____ Work Phone # _____ Cell Phone # _____

Emergency Contact: _____ Phone # of Emergency Contact _____
(Other than Parent)

Special Transportation Request

Daycare, Child Care, Displacement

Students in Pre-K through 8th Grade are eligible for Day Care/Child Care Transportation.

Name of Day Care Center, Child Care Provider or Housing Site

Address of Day Care Center, Child Care Provider or Housing Location

Phone Number

Pick Up Location In A.M.: ☐ Day Care/Child Care Provider/Housing Site ☐ Home Circle Days: M T W TH F; All

Drop Off Location In P.M.: ☐ Day Care/Child Care Provider/Housing Site ☐ Home Circle Days: M T W TH F; All

Parent's Signature

Date

For Office Use Only: Registration Number _____

To School Route: _____

From School Route: _____