



GREENE CENTRAL SCHOOL
TRANSPORTATION DEPARTMENT

607-656-8931

TRANSPORTATION REGISTRATION FORM

(Please Print)



To be completed by Transportation Dept.
AM Bus Number: _____
Approx. Pick-up time: _____
PM Bus Number: _____
Approx. Drop time: _____

Date of Request: _____

Student's Name: _____

Student's Teacher: _____

Parents' Name: _____ Phone #: _____

Parents' Work Phone #: _____ Cell Phone #: _____

Emergency Contact: _____ Contact's Phone #: _____



When School starts in September, my child will be picked up at:

Street Address: _____

If this is different from student's home, person responsible for my child will be:

This person's phone # is: _____



When School starts in September, my child will be dropped off at:

Street Address: _____

If this is different from student's home, person responsible for my child will be:

This person's phone # is: _____

Parents' signature

____/____/____
Date