



JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT

Transportation Department
PO Box 902
Jordan, NY 13080
315-689-8500 x5601

Transportation Request or Change Form

Directions: Please provide the information requested.

Please Check One: Temporary Permanent

Directions: Please provide the information requested.

Student Name	
Grade/Teacher	
Parent/Guardian Name	
Contact Phone #	
Emergency Contact Person	
Emergency Contact Phone #	
Address of Destination in Event of Emergency School Closing	

- Child will be transported by parent/guardian to and from school.
- Child will be transported by parent/guardian to school in the mornings only.
- Child will be transported home by parent/guardian in the afternoons only.

Morning Pick Up

Please written the address and phone # where your child is to be picked up. Monday-Friday.

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Afternoon Drop Off

Please write the address and phone # where your child is to be dropped off, Monday-Friday.

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Signature/Date: _____