



JORDAN-ELBRIDGE CENTRAL SCHOOL DISTRICT

Transportation Department
PO Box 902
Jordan, NY 13080
315-689-8500X5601

Transportation Request or Change Form

Directions: Please provide the information requested.
Note: This information is required on an annual basis.

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

- I will be transporting my child to and from school.
- I will be transporting my child to school in the mornings only.
- I will be transporting my child home in the afternoons only.

Morning Pick Up

Please write the address where your child is to be picked up, Monday-Friday.

Monday	Tuesday	Wednesday	Thursday	Friday

Afternoon Drop Off

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

Monday	Tuesday	Wednesday	Thursday	Friday

Parent/Guardian Signature: _____

Date: _____