

# 2016-17 York Elementary Transpo Form

Please call the school or download this form from our York Elementary School website for any changes throughout the year.  
-A new form must be completed for each school year-

[www.mcsin-k12.org](http://www.mcsin-k12.org)

## Student Information

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ZIP: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
Grade/Teacher: \_\_\_\_\_

## Home Transportation

AM BUS # \_\_\_\_\_ PM BUS # \_\_\_\_\_

RIDE BUS HOME:  **Everyday**

*OR - Circle Days of the week  
M, T, W, TH, F*

## Alternate Transportation Request

**babysitter / daycare / boys & girls club**

### AM Pick Up Address

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ZIP: \_\_\_\_\_  
Phone #: \_\_\_\_\_

### PM Drop Off Address

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
City, ZIP: \_\_\_\_\_  
Phone #: \_\_\_\_\_

AM Alternate BUS # \_\_\_\_\_

**Everyday**  
 **As Needed** (I'll send a note)

*OR - CIRCLE DAYS OF THE WEEK  
M, T, W, TH, F*

PM Alternate BUS # \_\_\_\_\_

**Everyday**  
 **As Needed** (I'll send a note)

*OR - CIRCLE DAYS OF THE WEEK  
M, T, W, TH, F*

## Student Pick Up Transportation

**Mom/Dad/Family Friend**

My child will be **PICKED UP** at York Elementary by one of the following people:

#1 \_\_\_\_\_  
#2 \_\_\_\_\_  
#3 \_\_\_\_\_

**Everyday**  
 **As Needed** (I'll send a note)

*Please notify the office no later than 1:45 p.m.  
for any last minute **emergency** changes.*

*OR - CIRCLE DAYS OF THE WEEK  
M, T, W, TH, F*