

BALDWINSVILLE CENTRAL SCHOOL DISTRICT
29 E. Oneida Street, Baldwinsville, NY 13027
Office: 315.638.6097 Fax: 315.635.4562

JOINT/SHARED CUSTODY TRANSPORTATION REQUEST FORM

This request form is to be used when transportation is a Joint/Shared Custody situation. This form is intended for use when both parents are residents of the District, but are living in separate households, in the attending school zone in which the student attends. Transportation is NOT provided to the parent living outside of the attending school zone or district. *Please provide a copy of the most updated Custody Agreement/Court Order on file with the Courts to the school building's main office. The District will not condition enrollment on receipt of such documentation. This request EXPIRES at the end of each school year. This form is to be submitted to the Transportation Department each year before JULY 31st.*

Student's Name: _____

School: _____ Grade: _____

Mother's Name: _____ E-mail: _____

Home Address: _____ City: _____ Zip: _____

Home Phone: _____ Cell Phone: _____ Work Phone: _____

Transportation Request: AM Circle days your child needs transportation from mother's address: M T W TH F

PM Circle days your child needs transportation to mother's address: M T W TH F

Father's Name: _____ E-mail: _____

Home Address: _____ City: _____ Zip: _____

Transportation Request: AM Circle days your child needs transportation from father's address: M T W TH F

PM Circle days your child needs transportation to father's address: M T W TH F

Home Phone: _____ Cell Phone: _____ Work Phone: _____

=====

We agree and acknowledge the information on this form as correct.

1. Parent/Guardian Signature: _____ Date: _____

2. Parent/Guardian Signature: _____ Date: _____

=====

OFFICE USE ONLY – DO NOT WRITE BELOW THIS LINE

Date Approved: _____ Date Denied: _____ School Year: _____

Notations: _____
