

REQUEST FOR TRANSPORTATION TO PUBLIC SCHOOLS

New residents must submit a written request immediately after establishing residence in the district. Please fill out this form even if you plan to transport your child yourself or your child will be driving.

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Name of Student	Date of Birth	Grade 2024-2025
Mother's Name:	Address:	
Phone: H: W:	C:	
Father's Name:	Address:	
Phone: H: W:	C:	
Student Resides With:	Relationship to	student:
Complete Address:		
Will need transportation:AM	PM Will provide own transportation:	:
School Name:		
School Address:		
Medical Concerns (asthma, allergies, etc.)		
Signature of Parent/Legal Guardian:	Date:	
AM Pick-up HOME OR OTHER C	rcle one	
Other-Name		
Address		
Phone-		
PM Drop-off HOME OR OTHER, (6		
Other-Name		
Address		
Phone-		

Return to: Head of Transportation, Gardner Dickinson School, 25 East Avenue, Troy, New York 12180