Wynantskill UNION FREE SCHOOL DISTRICT
Gardner-Dickinson School

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 2026-2027**

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 *Circle one*

Other-Name_____

Address-_____

Phone-_____

PM Drop-off HOME OR OTHER, **(ex.TSL, CASE)** *Circle one*

Other-Name_____

Address-_____

Phone-_____

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