

Saranac Central School

Transportation Registration Form

School:

- ☐ Morrisonville Elementary
☐ Saranac Elementary
☐ Saranac Middle School
☐ Saranac High School

Student Name: _____
Grade: _____ Teacher: _____

Regular Bus Stop Information:

Parent Name: _____
Physical Address: _____
Home Phone Number: _____
Work / Cell Number: _____

Alternate Bus Drop Off Location:

Alternate's Name: _____
Alternate Address: _____
Telephone Number: _____
Relationship: _____

Pick Up / Drop Off Schedule (if applicable). Please insert (H) for home drop off and (A) for alternate drop off:

	Monday	Tuesday	Wednesday	Thursday	Friday
AM					
PM					

Date

Parent Signature

For Office Use Only

Signature of Office

☐ Regular Home Bus am
☐ Regular Home Bus pm