

WARWICK VALLEY CSD - TRANSPORTATION DEPARTMENT

TEL: (845) 987-3035 FAX: (845) 988-5694

Transportation@wvcsd.org

APPLICATION FOR SPLIT BUS STOP – DUE APRIL 1, 2024

DATE: _____

CHILD’S NAME: _____
Print Last Name Print First Name

CHILDS SCHOOL: _____ CHILD’S GRADE: _____

STOP #1 ADDRESS Name of Resident _____

_____ House Number and Street

_____ Town State Zip

_____ Phone Number Work Number Emergency Contact Name and Phone Number

STOP #2 ADDRESS Name of Resident _____

_____ House Number and Street Post Office Box

_____ Town State Zip

_____ Phone Number Work Number Emergency Contact Name and Phone Number

CHILD’S AM SCHEDULE:

Please list below dates that child will be riding from Stop #1: Sept. 2024 – June 2025

CHILD’S PM SCHEDULE:

Please list below dates that child will be riding home from school to the stop #1: Sept. 2024 – June 2025

CHILD’S AM SCHEDULE:

Please list below dates that child will be riding from Stop #2: Sept. 2024 – June 2025

CHILD’S PM SCHEDULE:

Please list below dates that child will be riding home from school to the stop #2: Sept. 2024 – June 2025

_____ Stop 1 Parent/Guardian Signature

_____ Stop 2 Parent/Guardian Signature

Note: School Board Policy requires five (5) consecutive days (AM, PM or both) at the same childcare location.

FOR OFFICE USE ONLY: Date Received: _____
Date Approved: _____

Action Taken AM Bus: _____
PM Bus: _____

Submit for to: Transportation Department
Warwick Valley Central School District
P.O. Box 595
Warwick, NY 10990