

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