



## **Bus Request Process for New Registrants**

*Welcome to the Horseheads Central School District!*

In Horseheads, we provide busing to all those K-12 resident students who require transportation. Please submit the information below to inform us of your busing needs.

*If at any time your transportation needs change, please notify the Transportation Department. We simply ask for 48 hours' notice in the event we need to adjust bus routes.*

Parent/Guardian Name \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

*Check the appropriate box below:*

My child(ren) **will not** need busing in the \_\_\_\_\_ school year.

Children(s)' Name(s): \_\_\_\_\_

\_\_\_\_\_

***-- If no busing is needed, your form is complete. Thank you. --***

My child(ren) **will** need busing in the \_\_\_\_\_ school year.

**If you have more than one child needing transportation, please complete a form for each child.**

Child's First and Last Name: \_\_\_\_\_

School \_\_\_\_\_

Grade \_\_\_\_\_

**Will this child need morning bus transportation to school?**     Yes                       No

If yes, will morning pickup be from the bus stop nearest to:     Home Address     Alternate Location

*Please note: If pick up is at an alternate location, it must be within the district, and for elementary schools, it must be within the elementary school's boundaries.*

Address for morning pickup: \_\_\_\_\_  
\_\_\_\_\_

Will pickup at the bus stop for this location be every day of the week?     Yes                       No

If no, which day(s) of the week will pickup be for this address?

Monday                       Tuesday                       Wednesday                       Thursday                       Friday

If morning pickup is not every day of the week, please explain transportation for the days this student will not be picked up at this address (i.e. parent will transport, need transportation from another address, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Will this child need afternoon bus transportation from school?**     Yes                       No

If yes, will afternoon dropoff be from the bus stop nearest to:     Home Address     Alternate Location

*Please note: If dropoff is at an alternate location, it must be within the district, and for elementary schools, it must be within the elementary school's boundaries.*

Address for afternoon dropoff: \_\_\_\_\_  
\_\_\_\_\_

Will dropoff at the bus stop for this location be every day of the week?     Yes                       No

If no, which day(s) of the week will dropoff be for this address?

Monday                       Tuesday                       Wednesday                       Thursday                       Friday

If afternoon dropoff is not every day of the week, please explain transportation for the days this student will not be dropped off at this address (i.e. parent will transport, need transportation from another address, etc.).

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Questions or changes? Contact the Transportation Office by email or phone:**

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