



# Hannibal Central School District

## Transportation Department

928 Cayuga Street Hannibal, New York 13074

Phone: (315) 564 - 8140 Email:Transportation@hannibalcsd.org

### New Student Application/Annual Request for Transportation Form

Student Name:	Grade:
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#### Parent/Guardian Information

Name(s):	Relationship to Student:
Home Address:	
Primary Phone #:	Secondary Phone #:

AM Pick Up Location
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PM Drop Off Location
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**PLEASE NOTE: Transportation Procedures**

- This form is required annually and for any new student to Hannibal CSD.
- Students are required to be ready and waiting for the bus 5-7 minutes before their scheduled pick up time.
- The driver is authorized to assign seats.
- A responsible person must be present for all PreK - 2nd Grade students when getting off the bus.
- Transportation will not honor last minute changes.
- Any request to change transportation must be made on a "Request for Change" form and must allow up to 5 days before the effective date.
- Bus Passes are **ONLY** issued on an Emergency basis to verified SchoolTool persons and locations.
- ...additional information can be found in the annual HCS District Calendar.

Check here, If your child requires transportation to different locations on different days and then complete the reverse side of this form.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<b>Transportation Office Use Only:</b>	
<input type="checkbox"/> Notification to Driver(s)	<input type="checkbox"/> SchoolTool Data Update/Check
<input type="checkbox"/> Notification to School(s)	<input type="checkbox"/> Added to RouteFinder PLUS
<input type="checkbox"/> Notification to Parent/Guardian	<input type="checkbox"/> Effective Date: _____

**\*Complete this side only if your child requires transportation to different locations during the week. These locations cannot change from week to week and must be on a consistent basis.**  
 I.e. "PM Drop Off Location at "Grandma's Address" every Friday afternoon.

**● AM Pick UP Locations (To School)**

Primary AM Pick Up Location	Alternate AM Pick Up Location
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
Name of Responsible Person: <small>(If different than Home Address)</small>	Name of Responsible Person: <small>(If different than Home Address)</small>
Phone# of Responsible Person: <small>(If different than Home Address)</small>	Phone# of Responsible Person: <small>(If different than Home Address)</small>
Days of the Week (Check all that Apply):	Days of the Week (Check all that Apply):
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

**● PM Drop Off Locations (From School)**

Primary PM Drop Off Location	Alternate PM Drop Off Location
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
Name of Responsible Person: <small>(If different than Home Address)</small>	Name of Responsible Person: <small>(If different than Home Address)</small>
Phone# of Responsible Person: <small>(If different than Home Address)</small>	Phone# of Responsible Person: <small>(If different than Home Address)</small>
Days of the Week (Check all that Apply):	Days of the Week (Check all that Apply):
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

**Additional Transportation Details:**

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