

School Year: _____



Greenville Central School
Transportation Department

Karen Schrader, Transportation Supervisor
518-966-5070 ext 463

New Student Transportation Form

Last Name: _____ First Name: _____

M _____ F _____ Grade Entering: _____

Street Address: _____

City/Town: _____ Zip Code: _____

Please state the exact location of your residence with a brief description including color and type of house.

Contact Information:

Parent/Guardian: _____

Work phone number: _____

Parent/Guardian: _____

Work phone number: _____

Emergency Contact Person: _____

Phone Number: _____ Relationship to student: _____

Do you have other children in the Greenville School District? Yes _____ No _____

If yes, what are their full names? _____

Please remember that your child will be picked up and dropped off based on the information you have provided, so please be specific. If your child requires daycare transportation please fill out the Elementary School Sitter Transportation Request form.