

**Onondaga Central Schools
TRANSPORTATION ENROLLMENT FORM**

Matthew Dodge – School Bus Dispatcher
4457 South Onondaga Rd.
Nedrow, New York 13120
Phone: (315) 552-5090
Fax: (315) 492-9624

Start Date: _____

Re-enter: Yes ___ No ___

*****Please remember to notify transportation any time your address and/or phone number(s) change.**

ID# _____ Grade _____ Male _____ Female _____

School- Jr/Sr High ___ Wheeler ___ Rockwell ___ Other (Name) _____

Student's Name (please print): _____

Date of Birth: _____

Home Street Address: _____

City / Town: _____

State / Zip: _____

Pickup address if different: _____

Drop-off address if different: _____

Name of sitter (please print): _____ Phone # _____

Father's name (please print): _____

Home # _____ Work# _____ Cell# _____

Mother's name (please print): _____

Home # _____ Work# _____ Cell# _____

Guardian's name (please print): _____

Home # _____ Work# _____ Cell# _____

Emergency contact person: _____ Phone # _____

Emergency days/half-days drop off location: _____

Special Transportation if needed (wheelchair): _____

(Parent / Guardian Signature)

(Date)