



**WESTFIELD ACADEMY AND CENTRAL SCHOOL**  
*Excellence in Education*

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**TRANSPORTATION REQUEST**

Fill out the following information, regardless if you are signing your child(ren) up for transportation.

If you have more than two addresses that your child(ren) need transportation to/from, please use the additional form provided.

**Student(s) Name:** \_\_\_\_\_

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**Primary Address:**

Parent/Guardian Last Name: \_\_\_\_\_

Parent/Guardian First Name: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_

Email Address: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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

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**Secondary Address:**

Describe Address (Grandparent, Relative, Day Care, etc.):

\_\_\_\_\_

Responsible Adult Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

**Student(s) Name:** \_\_\_\_\_

**Transportation Schedule:**

Student Last Name	Student First Name	Grade	AM Pickup	PM Dropoff
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary
			<input type="checkbox"/> Primary <input type="checkbox"/> Secondary	<input type="checkbox"/> Primary <input type="checkbox"/> Secondary

**Mark if you will be utilizing Westfield Central School bus transportation.**

**No, my student(s) will not be utilizing bus transportation**

**Yes, my student(s) will be utilizing bus transportation**

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**Transportation Office Use:**

Date Received: \_\_\_\_\_

Transportation Supervisor (signature):

\_\_\_\_\_ Date: \_\_\_\_\_

**Student(s) Name:** \_\_\_\_\_

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**Additional Address:**

Describe Address (Grandparent, Relative, Day Care, etc.):

\_\_\_\_\_

Responsible Adult Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

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**Additional Address:**

Describe Address (Grandparent, Relative, Day Care, etc.):

\_\_\_\_\_

Responsible Adult Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

Mobile Phone: \_\_\_\_\_

Please note when your student(s) would be going to the additional addresses that you have marked down.

Additional Address Schedule Information

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