

**Onondaga Central Schools
TRANSPORTATION ENROLLMENT FORM**

**Matt Dodge, Transportation Supervisor
4457 South Onondaga Rd.
Nedrow, New York 13120
Phone: (315) 552-5090
Fax: (315) 552-5092**

Start Date: _____
Re-enter: Yes ___ No ___

ID# _____ **Grade** _____ **Male** _____ **Female** _____

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

Student's Name (please print) _____ **Date of Birth** _____

Home address: Street _____

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)