

**Onondaga Central Schools  
TRANSPORTATION ENROLLMENT FORM**

Matthew Dodge – Transportation Supervisor  
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 the Registrar and 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 # \_\_\_\_\_

Mother's name (please print): \_\_\_\_\_

Home # \_\_\_\_\_ Work# \_\_\_\_\_ Cell# \_\_\_\_\_

Father'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: \_\_\_\_\_

\_\_\_\_\_  
(Parent / Guardian Signature)

\_\_\_\_\_  
(Date)