



# Hannibal Central School District

## Transportation Department

928 Cayuga Street Hannibal, New York 13074

Phone: (315) 564 - 8140 Email: [Transportation@hannibalcsd.org](mailto:Transportation@hannibalcsd.org)

### New Student Application/Annual Request for Transportation Form

Student Name:	Grade:
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#### Parent/Guardian Information

Name(s):	Relationship to Student:
Home Address:	
Primary Phone #:	Secondary Phone #:

AM Pick Up Location

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PM Drop Off Location

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#### PLEASE NOTE: Transportation Procedures

- This form is required annually and for any new student to Hannibal CSD.
- Students are required to be ready and waiting for the bus 5-7 minutes before their scheduled pick up time.
- The driver is authorized to assign seats.
- A responsible person must be present for all PreK - 2nd Grade students when getting off the bus.
- Transportation will not honor last minute changes.
- Any request to change transportation must be made on a "Request for Change" form and must allow up to 5 days before the effective date.
- Bus Passes are **ONLY** issued on an Emergency basis to verified SchoolTool persons and locations.
- ...additional information can be found in the annual HCS District Calendar.

☐ Check here, If your child requires transportation to different locations on different days and then complete the reverse side of this form.

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

#### Transportation Office Use Only:

- |  |   |
|--|---|
| <input type="checkbox"/> Notification to Driver(s)       | <input type="checkbox"/> SchoolTool Data Update/Check |
| <input type="checkbox"/> Notification to School(s)       | <input type="checkbox"/> Added to RouteFinder PLUS    |
| <input type="checkbox"/> Notification to Parent/Guardian | <input type="checkbox"/> Effective Date: _____        |

**\*Complete this side only if your child requires transportation to different locations during the week. These locations cannot change from week to week and must be on a consistent basis.**  
 I.e. "PM Drop Off Location at "Grandma's Address" every Friday afternoon.

● **AM Pick UP Locations (To School)**

Primary AM Pick Up Location	Alternate AM Pick Up Location
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
Name of Responsible Person: <small>(If different than Home Address)</small>	Name of Responsible Person: <small>(If different than Home Address)</small>
Phone# of Responsible Person: <small>(If different than Home Address)</small>	Phone# of Responsible Person: <small>(If different than Home Address)</small>
Days of the Week (Check all that Apply):	Days of the Week (Check all that Apply):
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

● **PM Drop Off Locations (From School)**

Primary PM Drop Off Location	Alternate PM Drop Off Location
Address Line 1:	Address Line 1:
Address Line 2:	Address Line 2:
Name of Responsible Person: <small>(If different than Home Address)</small>	Name of Responsible Person: <small>(If different than Home Address)</small>
Phone# of Responsible Person: <small>(If different than Home Address)</small>	Phone# of Responsible Person: <small>(If different than Home Address)</small>
Days of the Week (Check all that Apply):	Days of the Week (Check all that Apply):
<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F	<input type="checkbox"/> M <input type="checkbox"/> T <input type="checkbox"/> W <input type="checkbox"/> Th <input type="checkbox"/> F

**Additional Transportation Details:**

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