



# Madrid Waddington Elementary School Transportation Form



Please Print

Student's Name: \_\_\_\_\_ (Last) \_\_\_\_\_ (First) DOB: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

Parent(s)/Guardian Name(s): \_\_\_\_\_

## Pickup

- I will transport my student to school  
 Student will ride bus, pickup at home address (listed above)  
 Student will ride bus, pickup at childcare provider

**(Please fill out info below if childcare provider is selected)**

Provider's Name: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

Provider's Phone: \_\_\_\_\_

Checks Days:  All  Mon  Tues  Wed  Thurs  Fri  
*If applicable for childcare provider*

## Dropoff

- I will transport my student to school  
 Student will ride bus, pickup at home address (listed above)  
 Student will ride bus, pickup at childcare provider

**(Please fill out info below if childcare provider is selected)**

Provider's Name: \_\_\_\_\_

Provider's Address: \_\_\_\_\_

Provider's Phone: \_\_\_\_\_

Checks Days:  All  Mon  Tues  Wed  Thurs  Fri  
*If applicable for childcare provider*

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

For any special arrangements, please contact the Elementary Office at [mstthomas@mwcsk12.org](mailto:mstthomas@mwcsk12.org) or call the school at (315) 322-5746 ext. 35201