



**Hornell City School District  
Transportation Department  
120 Raider Dr., Hornell, NY 14843  
(607) 324-2633**



\*\*\*\*\*APPLICATION INSTRUCTIONS\*\*\*\*\*

This application is used for student school bus transportation arrangements for the 2020-21 school year. With our continued focus on students’ safety, we will not be able to take permanent transportation information over the phone. For your child’s protection, we require detailed information regarding pick-up and drop-off arrangements with a parent or guardian’s signature.

- A separate application is required for **EACH** student.
- A new application is required for **ANY** change that is made during the school year.
- A new application is required **EVERY** school year.
- **Failure to turn in an application will mean your child will not be scheduled for transportation.**

Due to the overwhelming amount of requests being processed, we require that all completed forms be returned to the District Office at 120 Raider Dr., Hornell, NY 14843. It will be forwarded to the bus garage as permanent instructions for the transportation of your child to and from school for the 2020-2021 school year. If your child will not need transportation, please indicate on the form and return to school or bus driver.

**Students in grades PK4-6 are eligible for transportation if they live 7/10ths of a mile or more from their school of attendance. Students 7-12 are eligible for transportation if they live 1.5 miles or more from their school of attendance.**

We can accommodate one change per semester, if necessary. **If a change needs to be made, please contact our office as soon as possible to complete a new form.** We can be reached between 7:00 a.m. and 3:00 p.m. at 324-2633. **A minimum of three (3) school days is required to make a schedule change.** We are not allowed to transport students to any other address than is noted on this form. **WE CANNOT MAKE BUS CHANGES TO A DIFFERENT ADDRESS FOR PLAY DATES/SOCIAL DATES.** Once a schedule is established, it must remain consistent. Emergency situations may arise, please contact the bus garage at 324-2633 and we will attempt to assist with an emergency change. If your address changes, you must make the change through the “Parent Portal” or by calling the district office 607-324-1302 x 1109 and then notify the bus garage.

**Students are required to arrive at their bus stop at least 5 minutes before the bus arrival time.** Please remember that the first few weeks of school are hectic and buses may not be on “schedule”. Therefore, your child may arrive home later than usual. Times may fluctuate according to traffic and weather conditions. School delays and cancellations are announced through our mass notification system as well as on all Hornell radio stations, local area television stations and the Hornell City School website ([www.hornellcityschools.com](http://www.hornellcityschools.com)).

**PLEASE NOTE: YOU MUST STILL COMPLETE A FORM FOR YOUR CHILD(REN) EVEN IF YOU ARE NOT REQUESTING TRANSPORTATION SERVICES FROM THE DISTRICT. THERE IS A PLACE FOR YOU TO INDICATE THEY DO NOT REQUIRE TRANSPORTATION.**

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Directions: **PLEASE PRINT**

1. Complete an application for **EACH** child.
2. **A new application must be completed each year**
3. **Students may only have 1 pickup and 1 drop off point**
4. Daycare / Alternate site address must be located within the Hornell City School District.
5. If arrangements change, a new application must be completed.
6. Incomplete forms will not be processed.

My child does NOT require transportation by the district:

My child DOES require transportation by the district IF eligible:

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**Student Information:**

Child's First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Primary/Home Location Information:**

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

Please circle the appropriate days below that student **will be transported to/from primary (home) location.**

<b>AM home to school</b>				
M	T	W	TH	F

<b>PM school to home</b>				
M	T	W	TH	F

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**Daycare or Alternate Information:**

Daycare Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Please circle the appropriate days below that student **will be transported to/from Daycare or Alternate Site**

<b>AM from daycare or alternate site to school</b>				
M	T	W	TH	F

<b>PM to daycare or alternate site</b>				
M	T	W	TH	F

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**Parent / Guardian Information:**

Name of Parent / Guardian: \_\_\_\_\_

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

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

By signing above, you are indicating that you have verified that your child's address and contact information is accurate and current with the district by confirming through the parent portal or other district correspondence.