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**TRUMANSBURG CENTRAL SCHOOL DISTRICT**  
*"Celebrating Diversity • Educating for Excellence"*  
100 Whig Street, Trumansburg, NY 14886-9179  
(607) 387-7551  
[www.tburghschools.org](http://www.tburghschools.org)

Administration  
Kimberly Bell  
Superintendent of Schools

Matthew Fogarty  
School Business Administrator

Angela Gemignani  
Director of Special Education

David Ink  
Transportation Supervisor

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February 2020

Dear Parent/Guardian:

Greetings! I hope this letter finds you have fared the winter season with ease, and eager to move on to the spring and summer seasons. That means that we are gearing up in the Transportation Department and starting to plan for next school year. Our goal is to have all of our routing 80% complete by the end of this school year. That is where we need your help!

**Please take time to fill this out each year, even if there are no changes from the previous year's schedule.** There are many benefits to planning next year's routes early. Budget, staff preparedness, parent/student comfort in knowing their routes and times early among many others allows us to hit the ground running next fall. As such, we are asking that parents/guardians fill out the Transportation Information Form and Transportation Request Form early so that we can get a head start on making sure that our routes are optimized and safe. These forms can be found at the end of this letter or online on our website on the Transportation Department page. We are asking that all forms be submitted by April 1<sup>st</sup>. That is when all of our Private School Transportation requests are due, so it makes sense to collect all of the information at once and plan accordingly.

### **PICK-UP/DROP-OFF**

The changes we implemented for this school year have been very successful for us. We have noticed that on average, regular ridership has increased allowing our department to be more efficient with numbers of students per bus nearing comfortable capacity. Thus, we will continue next year with the same procedures as outlined below.

Your child's pick-up and drop-off times are approximate and could initially vary by as much as ten (10) minutes as we make changes to accommodate the needs of all of the children. This will go on for the first two weeks and we will contact you if there are any significant changes.

Please make sure your child is at his/her designated stop at least five (5) minutes prior to the scheduled pickup time. I can't emphasize enough the importance of having the child at the stop waiting for the bus, especially at the beginning of the school year.

Please be patient with the bus drivers and expect delays in the first two weeks of school. It is customary for buses to run late as the drivers and students get accustomed to the new routes.

## ALTERNATE STOPS

An alternate stop can be defined as; “Any address other than the student’s **primary** address.”

In the past, we have accommodated as many as 5 alternate stops for students. Our transportation study identified this as a safety hazard. The numerous changes and last-minute arrangements make it difficult to track children and increase the risk for mistakes to happen.

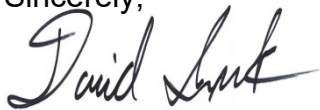
**\*\*\*IMPORTANT\*\*\*NOTE\*\*\*IMPORTANT\*\*\***

“As Needed” stops are strictly prohibited. Alternate stops will be limited to daycare providers or regularly scheduled stops only.

Please be advised that these requests **ARE NOT GUARANTEED**, and will only be accepted for daycare or other regular stop locations. Requests other than this will be reviewed and approved by the Transportation Supervisor and the Superintendent of Schools as needed. As always these requests will be approved **based on space availability**, and are not intended for matters of convenience or “social” drop-offs. Should you have questions or concerns, please feel free to contact us by phone or email.

Please try and have your forms in to us by April 1. We fully understand that circumstances change constantly, and we can adjust accordingly. It is far easier to make a change to a route once they have been established than it is to get last minute changes and requests. Please don’t hesitate to contact us if you have any questions! We appreciate your support in advance.

Sincerely,



David Ink

Transportation Supervisor

[dink@tburg.k12.ny.us](mailto:dink@tburg.k12.ny.us)

Lynne Porter

Transportation Secretary

[lporter@tburg.k12.ny.us](mailto:lporter@tburg.k12.ny.us)

Phone: (607) 387-5610

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**TRUMANSBURG CENTRAL SCHOOL DISTRICT**  
**Transportation Information Form**

Your cooperation is requested in completing and returning this "Student Information Form". The form is designed to provide the School District with the appropriate information for purposes of bus routing, scheduling and general student safety. Every student should have a form completed regardless of whether he/she presently rides a school bus or not. This form will need to be filled out along with a transportation request yearly, due by April 1<sup>st</sup>. Please print when completing this form and fill out completely.

**STUDENT'S NAME:** \_\_\_\_\_

**STUDENT'S DATE OF BIRTH:** \_\_\_\_\_ **GRADE:** \_\_\_\_\_

**STUDENT'S ADDRESS:** \_\_\_\_\_  
(WHERE STUDENT WILL RESIDE)

**PHONE NUMBER(S):** \_\_\_\_\_

**PARENT/GUARDIAN NAME:** \_\_\_\_\_

**PERSON TO CALL IN CASE OF EMERGENCY:** \_\_\_\_\_

**PHONE NUMBER:** \_\_\_\_\_

**CHECK ONE:**

\_\_\_\_ **STUDENT WILL RIDE BUS**

\_\_\_\_ **STUDENT WILL WALK TO AND FROM SCHOOL**

\_\_\_\_ **STUDENT WILL DRIVE OR BE DRIVEN TO AND FROM SCHOOL**

**NOTE:** This form, plus the Transportation Request will be used to schedule your student(s) to a Bus Route and needs to be done yearly. Forms need to be returned by April 1<sup>st</sup> for following years bus scheduling.



**TRUMANSBURG CENTRAL SCHOOL DISTRICT**  
**Transportation Request**

We hereby request transportation for our child/children for the school year 2020-2021

**Directions:**

1. Home, Daycare/ Alternate site address must be located within the Trumansburg Central School District.
2. A new form must be completed each year and **returned (by mail, in person or online)** to the transportation department, attention Lynne Porter.
3. Once a weekly transportation schedule is established, it must remain consistent.
4. If arrangements change, please complete a new form.

**CHILD/CHILDREN TO BE TRANSPORTED - INFORMATION:**

<b>Name of Child</b>	<b>Birthdate</b>	<b>Grade in School Next Year</b>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PARENT/GUARDIAN INFORMATION:**

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Home Phone: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Legal Residence: \_\_\_\_\_ City/Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City/Zip: \_\_\_\_\_

County: \_\_\_\_\_

**EMERGENCY CONTACT INFORMATION:**

Name: \_\_\_\_\_ Phone(s): \_\_\_\_\_

Relationship to student: \_\_\_\_\_

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

**DETAILED DIRECTION TO YOUR HOME:** Example – (1001 Rabbit Run) Rte 96, Right onto Rabbit Run Rd., 3<sup>rd</sup> house on the Right. White house w/ blue shutters and red front door

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**DAY CARE OR ALTERNATE LOCATION INFORMATION (If Needed):**

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

Name of Adult at this Location: \_\_\_\_\_

Phone: \_\_\_\_\_

**STOP LOCATION INFORMATION:**

**A.M. TRANSPORTATION SCHEDULE**

HOME – Pick-up Schedule: (Please Circle) <b>MON TUE WED THU FRI</b> <b>ALL WEEK</b>
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ALTERNATE – Pick-up Schedule: (Please Circle) <b>MON TUE WED THU FRI</b> <b>ALL WEEK</b>
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**P.M. TRANSPORTATION SCHEDULE**

HOME – Drop-off Schedule: (Please Circle) <b>MON TUE WED THU FRI</b> <b>ALL WEEK</b>
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ALTERNATE – Drop-off Schedule: (Please Circle) <b>MON TUE WED THU FRI</b> <b>ALL WEEK</b>
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**This request MUST be completed (incomplete forms may be returned to sender) and received at the Transportation Department of the Trumansburg Central School, 100 Whig Street, Trumansburg, NY 14886 PRIOR to April 1, 2020.**

\_\_\_\_\_  
(Signature of Parent)

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

<b>FOR OFFICE USE ONLY:</b> DATE: _____    APPROVED: _____    COMPUTER: _____
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