



# Northern Adirondack Central School District

## Transportation Form for Grades PK Thru 12

### 2026-2027

Please use this form to provide critical information to Northern Adirondack Central School District's transportation department for the 2026-2027 school year. **Please complete one form for each student attending school.** Please take note of the designated student drop-off and pick-up times for each building: Elementary: Drop-off at 7:30 AM, Pick-up at 1:50 PM and Middle-High School: Drop-off at 8:40 AM, Pick-up at 3:35 PM

#### Instructions:

1. Fill out all applicable sections.
2. Sign and return this form by **July 26, 2026.**
3. Alternatively, you may complete an electronic form: [click here to access the form.](#)

#### **Part 1 - Student**

Student Name (PRINT) \_\_\_\_\_ Grade: \_\_\_\_\_

#### **Part 2 - Options** (Check **ONLY ONE** in Part 2)

- ☐ 1. Requires transportation to and from school *\*Go to Part 3 - Addresses and complete both AM and PM*
- Transportation Opt-Out Choice
- ☐ 2. Both AM and PM opt-out *\*Skip Part 3 - Addresses and go to Part 4 - Confirmation*
- ☐ 3. AM opt-out only (fill out PM in Part 3 - Addresses)
- ☐ 4. PM opt-out only (fill out AM in Part 3 - Addresses)

#### **Part 3 - Addresses**

Please provide the full address (Street, City, Zip Code) that the student will be picked up from in the AM or dropped off at in the PM as appropriate.

AM - Full Address \_\_\_\_\_

PM - Full Address \_\_\_\_\_

#### **Part 4 - Confirmation**

By signing, I confirm that the information provided on this form accurately reflects my wishes regarding school transportation services for my child for the 2026-2027 school year. I understand that this includes either utilizing the provided transportation services or opting out of them as indicated above.

***I understand that I am not forfeiting my right to transportation and may opt-in at any time.***

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

Please complete and return a signed copy of the form by **July 26, 2026** to the District's Transportation Supervisor, Cory McCasland, by one of the means identified below:

- 1) E-mail: [cmccasland@nacs1.org](mailto:cmccasland@nacs1.org)
- 2) Regular Mail: 5572 State Route 11, Ellenburg Depot, NY 12935
- 3) Fax: (518) 594-7255

Please notify the transportation supervisor at 518-594-7060 ext. 4002, if you desire to opt back in; one week's notice is required.