

TRANSPORTATION REQUEST

2018-2019 SCHOOL YEAR

CHILD CARE SERVICES

(845)615-6700

FAX(845)615-6707

SCHOOL: _____ GRADE: _____

CHILD'S NAME: _____ DATE OF BIRTH: _____

HOME ADDRESS: _____

EFFECTIVE DATE OF CHILD CARE SERVICE: _____

EVERY DAY: _____ AM/PM Please PROVIDE DETAILED INFORMATION TO INSURE THAT YOUR CHILD IS ON THE CORRECT BUS. ALSO, CIRCLE AM OR PM OR BOTH) This will only be permitted for child care situations on a consistent basis. No one day changes allowed for the safety of your child.

PICK UP (Address) _____

DROP OFF (Address) _____

PARENT NAME: _____

BABYSITTER NAME: _____

TELEPHONE # Parent Home: _____

Parent Work: _____

Parent Cell: _____

Babysitter's land line _____

Babysitter Cell: _____

Emergency Contact: _____

Parent Signature: _____ Date: _____

To School Rte. _____ Location: _____ Time: _____

From School Rte. _____ Location: _____ Time: _____