BALDWINSVILLE CENTRAL SCHOOL DISTRICT



29 E Oneida Street Baldwinsville, NY 13027 Office: (315) 638-6097 Fax: (315) 635-4562



DAYCARE/SITTER/TRANSPORTATON REQUEST FORM

Student:	$_$ Male \square Female $[$	Male Female Date of Birth:		
Home Address:				
Phone Contacts: Parent—1 Home:	Cell:		_Work:	
Parent—2 Home:	Cell:		_Work:	
Do parents reside at same residence: Y N If No, please provide complete address Paren	· · · · · · · · · · · · · · · · · · ·			
Emergency contact:	1	Relation:	Phone:	
FOR ALL STUDENTS PLEASE CHECK	OFF LOCATI	ON FOR:		
Pickup:	☐ No Tī	rans Required		
Drop Off: Home Sitter	☐ No Ti	rans Required		
The Transportation Department will arrange one the school where they will issue the child a bus pas		one delivery point. Othe	r requests are handled d	irectly with
DAY CARE REQUEST: Please check be picked up or dropped off at a sitter local control of the picked up or dropped off at a sitter local control of the picked up or dropped off at a sitter local control of the picked up or dropped off at a sitter local control of the picked up or dropped off at a sitter local control of the picked up or dropped off at a sitter local control of the picked up or dropped off at a sitter local control of the picked up or dropped off at a sitter local control of the picked up or dropped off at a sitter local control of the picked up or dropped off at a sitter local control of the picked up or dropped off at a sitter local control of the picked up or dropped off at a sitter local control of the picked up or dropped off at a sitter local control of the picked up or dropped off at a sitter local control of the picked up or dropped off at a sitter local control of the picked up or dropped off at a sitter local control of the picked up or dropped off at a sitter local control of the picked up or dropped of the picked up or dropp	•	*		vour child to
I hereby formally request transportation for _	(Name c	of Student)	_ for the School Year	
My child will attend				e
Name of Licensed Day Care or Attendance Z				
Address:		Contact Pl	none:	
Parent Signature:	Da	te: EFF I	ECTIVE DATE:	
A Transportation Request Form must be sub- accepted between Monday, August 28, 2017 –		-	Department. No reque	sts will be
<u>All</u> Day Care Providers <u>outside</u> your child's Elementary Somust be on file with the Transportation Dept. before transportation, please call the Transportation Department for assistant	portation can be provi	ded. If you have any quest	ions pertaining to the transpe	ortation of your
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