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:	$Male \square Female \square Date of Birth:$		
Home Address:			
Phone Contacts:			
Parent/Guardian: Home:	Cell:	Work:	
Parent/Guardian: Home:	Cell:	Work:	
Email Address:			
You will be notif	fied via email when the change has	been made.	
Emergency contact:	Relationship:	Phone:	
FOR ALL STUDENTS PLEASE CHEC	K OFF LOCATION FOR:		
Pickup: Home Sitter	□ No Trans Required		
Drop Off: Home Sitter	□ No Trans Required		
The Transportation Department will arrange on the school where they will issue the child a bus p		Other requests are handled directly with	
DAY CARE REQUEST: Please che be picked up or dropped off at a sitter lo		below if you are requesting your child to <u>Y THROUGH FRIDAY):</u>	
I hereby formally request transportation for	(Name of Student)	for the School Year	
My child will attend		School. Grade	
Name of Licensed Day Care or Attendance			
Address:			
		Date: EFFECTIVE DATE:	
A Transportation Request Form must be su	bmitted <u>annually</u> to the Transporta	tion Department. No requests will be	

accepted between Monday, August 28, 2017 – Friday, September 15, 2017.

<u>All</u> Day Care Providers <u>outside</u> your child's Elementary School Attendance Zone <u>must</u> be a State Licensed Day Care Provider. A copy of such license must be on file with the Transportation Dept. before transportation can be provided. If you have any questions pertaining to the transportation of your child, please call the Transportation Department for assistance. Please notify school as soon as possible with any changes to your request.