

Allegany-Limestone Central School District

Child Care Transportation Request Form

2018-2019 School Year

Please Print!

Please Print!

(For In District Transportation Only and One Form Per Student)

Student Name: _____ / /
(Last) (First) DOB (Grade)

Parent Name: _____
(Last) (First)

Home Address: _____
(Street)

_____ (City) (State) (Zip Code)

Telephone Numbers: _____
(Home #) (Work #) (Cell #)

Please check the appropriate box(es) below for transportation requirements for your child:

- | | |
|---|---|
| <input type="checkbox"/> Allegany Elementary School | <input type="checkbox"/> AM to school each day from Child Care Provider |
| <input type="checkbox"/> Middle/High School | <input type="checkbox"/> PM from school each day to Child Care Provider |
| | <input type="checkbox"/> AM and PM to and from Child Care each day |

Child care transportation must be to the same location on a daily basis and be at least eight-tenths (.8) mile or more from the school of attendance. Transportation to a licensed child care provider pursuant to Social Service Law S 309 must attach a copy of valid license. License # (if applicable): _____

Child Care Provider: _____

Location Address: _____
(Street)

_____ (City) (State) (Zip Code)

Telephone Number: _____

I consent to have my child transported as indicated above. I understand that this form must be filed by April 1, 2018 and expires at the end of the 2018-2019 school year.

(Parent Signature)

(Date)

Office Use Only

Date Received: _____

AM Bus #: _____

PM Bus #: _____