Allegany-Limestone Central School District

Child Care Transportation Request Form 2023-2024 School Year

Please Print!

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(For	r In District Transp	ortation Only and	l One Form	Per Student)		
Student Name:				/ /		
_	(Last)		(First)	DOB	(Grade)	
Parent Name:	<i>(</i> T ()		(F')			
Home Address:	(Last)		(First)			
Home Address.			(Street)			
_	(City)		(State)		(Zip Code)	
Telephone Numbers:_	(Home #)	(Work #)		(Cell #)	
Please check the appro	opriate box(es) below	w for transportation	n requirement	s for your child	1:	
Allegany Eler	Allegany Elementary School AM to school each day from Child Care Provid					
Middle/High School PM from school each day to Child Care Pro					d Care Provider	
		AM a	nd PM to and	l from Child C	are each day	
Child care transportation more from the school of Service Law S 309 must	attendance. Transpor	tation to a licensed		ider pursuant to		
Child Care Provider:_						
Location Address:						
-			(Street)			
– Telephone Number:	(City)		(State)	(Zip Code)	
I consent to have my of June 1, 2022 and expi	•			at this form m	ust be filed by	
	(Pare	ent Signature)			(Date)	
Office Use Only						
Date Received:	4	AM Bus #:		PM Bus #:		