Allegany-Limestone Central School District

Child Care Transportation Request Form 2024-2025 School Year

Please Print!

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(For	In District Transp	ortation Only a	nd One Form	Per Student)	
Student Name:				/ /	
	(Last)		(First)	DOB	(Grade)
Parent Name:	(I and)		(Einst)		
Home Address:	(Last)		(First)		
Tiome Address.			(Street)		
_	(City)		(State)		(Zip Code)
Telephone Numbers:_	(Home #)		(Work #)		(Cell #)
Please check the appro	opriate box(es) below	w for transportation	on requirement	s for your child	1:
Allegany Elementary School AM to school each day from Child Care Pro					d Care Provider
Middle/High S	School	PM	from school ea	ach day to Chile	d Care Provider
		AM	and 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	rtation to a licensed		ider pursuant to	
Child Care Provider:					
Location Address:					
_			(Street)		
Talanhana Numbari	(City)		(State)	()	Zip Code)
Telephone Number: _					
I consent to have my c	child transported as i	ndicated above.	I understand th	at this form mu	ıst be filed by
June 1, 2024 and expir	res at the end of the	2024-2025 schoo	ol year.		
	(Pare	ent Signature)			(Date)
Office Use Only					
Date Received:	ļ.	AM Bus #:		PM Bus #:	