Alleg	any-Limesto	one Ce	entral Schoo	ol Distric	t
<u>Please Print!</u>	Child Care Transportation Request Form 2025-2026 School Year			<u>Please Print!</u>	
(For	In District Transpo	ortation O	nly and One Form	Per Student)	
Student Name:				/ /	
Parent Name:	(Last)		(First)	DOB	(Grade)
Home Address:	(Last)		(First)		
			(Street)		
-	(City)		(State)		(Zip Code)
Telephone Numbers:	(Home #)		(Work #)		(Cell #)
Please check the appro	opriate box(es) below	for transp	ortation requirement	s for your child	:
Allegany Eler	nentary School		AM to school each	day from Child	d Care Provider
Middle/High School		PM from school each day to Child Care Provider			
			AM and PM to and	l from Child Ca	are each day
Child care transportation more from the school of Service Law S 309 must	attendance. Transport	ation to a li	-	ider pursuant to	
Child Care Provider:					
Location Address:					
-			(Street)		
- Telephone Number:	(City)		(State)	(2	Zip Code)
I consent to have my c June 1, 2025 and expi	-			at this form mu	ist be filed by

	(Parent Signature)	(Date)
Office Use Only		
Date Received:	AM Bus #:	PM Bus #: