

# Allegany-Limestone Central School District

Child Care Transportation Request Form

2021-2022 School Year

**Please Print!**

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**(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.

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, 2021 and expires at the end of the 2021-2022 school year.

\_\_\_\_\_  
(Parent Signature)

\_\_\_\_\_  
(Date)

Office Use Only

Date Received: \_\_\_\_\_

AM Bus #: \_\_\_\_\_

PM Bus #: \_\_\_\_\_